

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

2017/18



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1. 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 (LTP) 2015/16 set 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 updated 2017/18 plan 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 launch our new Medway Young Person's Wellbeing Service.

The Medway LTP Project Board (see Appendix 2 for Terms of Reference and Governance Structure) has oversight of the Medway Local Transformation Plan. The Board reports through established CCG and Council governance routes to the Medway Health and Wellbeing Board and Medway Safeguarding Children's Board.

The Medway Health and Wellbeing Board approved the original plan in September 2015 and receives annual updates.

The LTP is published on Medway CCG's website at:

<http://www.medwayccg.nhs.uk/blog/2015/12/10/local-transformation-plan-for-children-and-young-peoples-mental-wellbeing-in-medway/>

and the Medway Council website at:

www.medway.gov.uk/mentalhealth

2. 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 represented 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 was provided under a joint contract with the 7 Kent CCGs and Kent County Council (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, its 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 has been 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.

The Kent and Medway Sustainability and Transformation Plan (STP) includes a commitment to delivering against both the Medway and Kent Local Transformation Plans.

The STP footprint encompasses:

- Medway CCG
- DGS CCG
- Swale CCG
- West Kent CCG
- Ashford CCG

- Canterbury and Coastal CCG
- Thanet CCG
- South Kent Coast CCG

together with Medway Council and Kent County Council as top tier Local Authorities.

The STP is a key enabler for facilitating joint working on strategic issues including:

- Looked After Children
- Crisis Concordat
- S136 'place of safety'
- New Models of Care (Tier 4 CAMHS)
- Training and workforce development

2.1 Phased Delivery Plan

Delivery of Medway's Local Transformation Plan can be described as a three phased approach in line with the five year transformation timetable:

Figure 2.1 – Medway Local Transformation Plan – Phased delivery



The following sections provide detail on each of these three phases.

3. Phase 1 – Needs analysis, service design and consultation

3.1 Needs analysis

Demographics

Medway is a coastal authority and conurbation in South East England. It is made up of five towns (Rochester, Gillingham, Strood, Rainham and Chatham) which surround the estuary of the River Medway along the North Kent coast and various outlying villages on the Hoo Peninsula. It is an historic area with a dockyard dating back to the 16th century, which at one time employed thousands of residents. The decline in naval power and shipbuilding led to the closure of the dockyard in 1984; this had a significant impact on the area which is still evident today.

In the last 10 years, regeneration and redevelopment of the dockyard has been undertaken and a new university campus has been built which houses three universities (University of Greenwich, University of Kent and Canterbury Christ Church University). Medway now has a thriving further education system, alongside a burgeoning technological hub.

Medway is a geographically compact area, with a strong military presence and a population of 277,000. There is a growing population and considerable additional housing will be developed over the next ten years. There are now settled Asian, African Caribbean and Eastern European communities, although approximately 85% of the population is White British, and generations of families have lived in the same areas of Medway for many years.

The population is expected to grow to almost 330,000 by 2035, an increase of approximately 19% from current population levels. This is above the predicted growth level for England (+15%) and the South East (+17%). Recent growth can be attributed to both natural growth and inward migration.

The largest migratory flows into Medway are from Kent and southeast London. Those moving into Medway are slightly younger than those moving out - this may be explained by the increase in the number of university students.

Joint Strategic Needs Assessment

Medway's Public Health Directorate is currently re-producing Medway's JSNA for mental health, including children and young people. This is expected to be complete by the end of 2017.

Current assessment of need

The majority of Medway wards have a very high number of people aged 0 to 19. Based on the 2011 ONS Census there were 68,987 people aged 0 to 19 in Medway. Medway has a larger proportion of people aged 0-14 years and 15-24 years compared to the England average. Projections suggest that children and young people will continue to make up an increasing proportion of the Medway population over the next 20 years. The number of children aged 0-19 is predicted to increase to approximately 74,000 by 2021.

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

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

- **Children in Care/Looked After Children:** This includes both children and young people in the formal care of Medway Council and also children and young people in the care of other local authorities but placed in foster care and residential care arrangements in Medway area.

The number of looked after children in Medway is slightly higher than the national average but lower than for many of our statistical neighbours. In 2016/17, Medway had 966 CAFs and 2713 referrals into social care. There are currently (March 2017) 313 children on a Child Protection Plan (49 per 10,000 population); and 390 Looked After Children (61.4 per 10,000 head of population, compared to a national average of 60). There is a need for a concerted effort to build resilience and decrease the impact on children and families of the environmental factors that lead to children being neglected. These risks persist at the stage when young people leave care.

CHIMAT/PHOF data suggests that the emotional wellbeing of looked after children in Medway is also worse than the southeast and England average i.e. an average Difficulties score of 15.9 compared to 14.4 for the southeast and 14.0 for England.

Research shows that over a range of health-related issues, including mental health, looked after children have poorer health and social outcomes over the course of their lives. There is the need for specialist mental health and behavioural support services including flexible/ adaptable counselling services, in particular those in the age group of 11-21 years. The nature of needs are predominately in relation to attachment problems, depression, deliberate self-harm, anxiety, post-traumatic stress, trauma through previous sexual abuse and other post abuse problems. Other problems highlighted were eating issues, OCD, ASD, ADHD, Bipolar disorder, Psychosis, anger issues and behaviour.

A needs assessment found that there are common 'traits' in the needs and behaviours of children on entering care following periods of maltreatment (parental abuse, neglect, exposure to domestic violence, parental substance misuse and mental health). It was evident that the longer a child was exposed to maltreatment, the greater the level of complexity of need and risk taking behaviours.

The analysis also evidenced that behaviours of children did become more challenging the older they got, especially when reaching their adolescent years which were impacting on their placements stability especially in the absence of earlier support being put in place.

Table 3.1 - Common traits in the needs and behaviours of children on entering care following periods of maltreatment by age

Infancy (0 - 3 years)	Childhood (3+ to 9 years)	Adolescence- (10 - 16 years)	Adulthood (16+)
Affected Regulation Growth delay Development delay Soiling, wetting	Anxiety Disorders , Conduct disorder Disruptive behaviours and the escalation of behaviours leading to violence and school exclusions Diagnosis of ADHD Academic failures Poor peer relationships Speech, language and communication difficulties Low self esteem Showing remorse Soiling, wetting, smearing Poor self esteem	Conduct Disorder Self harming Drug & alcohol misuse Drug Misuse Offending behaviours Risk taking behaviours, including CSE Recurrent victimisation Little remorse shown for inflicting 'violence' or empathy towards others	Identity and Personality Disorder Maltreatment of ones offspring Significant relationships issues, poor choice in partners leading to further abuse Drug dealing High risk taking behaviours Significant drug & alcohol use Risk of teenage pregnancy Criminal / Offending behaviours

- Children identified as having a disability or Special Educational Need (SEN):**
 Certain disabilities appear to increase vulnerability to mental health problems, for example, studies show that children who are deaf have a higher rate of emotional and behavioural problems; families with disabled children are more likely to experience social isolation, which is a risk factor for mental health problems in children and adults.

A considerably higher proportion of children in Medway are identified as having SEN compared with the national average. Children with SEN include children with developmental disorders, including diagnosis of Autism spectrum disorder (ASD)

which includes Asperger's syndrome and childhood autism; and Attention Deficit Hyperactivity Disorder (ADHD).

Whilst it is recognised that it is difficult to accurately record the numbers of disabled children living in any authority, the Department of Works and Pensions (DWP) suggests that 6% of all children have a disability – in relation to Medway this equates to 4,140 children rising to 4,400 children by 2021. Official figures from the DWP indicate that there are 2,780 children in receipt of Disability Living Allowance in Medway, of whom 250 are below the age of 5, 2,500 are aged between 5 and 18.

The DfE's 'Statements of SEN and EHC plans: England, 2017' records that in state funded schools:

- 1151 children have mild/moderate LD
 - 160 children have severe LD
 - 927 children have diagnosis of ASD
- **Children from the poorest households** are significantly more likely to experience mental health problems. Medway's child poverty rate is significantly higher than both the national and regional averages i.e. 20.8% compared to 14.4% in the southeast.
 - **Children and young people in contact with the criminal justice system:** Based on CHIMAT/PHOF data Medway has a broadly similar number of first time entrants to the youth justice system compared to the regional average. Medway Youth Offending Team work with an average of 140-160 young people (from 10-18 years) at any given time. Approximately 60-80% of young people within the criminal justice system in Medway have a speech, language and/or communication need.
 - **Young carers:** The responsibilities of caring increase the risk of developing mental health problems. Those with a parent who has mental health problems are at increased risk of development mental health problems.
 - **Domestic abuse:** The Medway MARAC (Multi Agency Risk Assessment Conference) is the busiest across Kent and Medway and demand is increasing. Additionally, it is becoming more difficult to allocate the practical and emotional support that victims need due to demand outstripping the supply of Independent Domestic Violence Advisors (IDVA) and support services. Only victims deemed to be at the very highest level of risk, i.e. of serious harm or death, are reviewed at MARAC.

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

- **Young people who are NEET:** The latest data (June 2017) indicates that 7.4% of 16-18 year olds are NEET in Medway (the south east average is 3.9%). These young people often have significant issues in their lives, such as drug use, sexual exploitation, being Looked After, or being homeless. Many will have had difficulties at school around attainment, attendance and behaviour.

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

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

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

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

Young people and their needs differ from adults:

- The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (65%) and cannabis (95%). This typically requires psychosocial, harm reduction and family interventions and contrasts with adults who are more likely to require treatment for addiction.
- Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere through an integrated young people's care plan.
- Those who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance misuse is one.

3.2 Service model design

In line with Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan (2015), the new Medway Young Person's Wellbeing Service has been designed 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, the model requires 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.

Stakeholder consultation and engagement

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 highlighted the value they placed 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 also valued 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 was viewed as critical. Without careful thought, it can become clogged with referrals which are not appropriate, so thought needed to be given to limiting this risk.
- It was considered to be extremely beneficial to have unified principles and greater alignment and integration of delivery. This presented the opportunity for a genuinely multi disciplinary approach across disciplines and services.
- Providers viewed the proposals as an ambitious and exciting service model, but highlighted the need to work creatively through a whole system approach to ensure it is affordable. Some areas of work were felt to be 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 needed to be considered prior to tendering the service, these included:

- 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 the new contract.

Responses to formal consultation

Service users and their families/carers

- Users and their families were especially keen to see improvements to communications and clarity about who is doing what. This applied both to information about service availability and improved levels of contact and information once a referral has been made. They strongly felt 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.
- Speedier response times were a big issue, though it is striking that families were 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 applied to not over promising on the service overall.

Schools and colleges

- School based staff also wanted to see quicker response times and better communication with specialist mental health workers.
- Schools overwhelmingly supported the concept of reducing escalation of demand through prevention, early intervention and increasing awareness of emotional and mental health issues. They believed 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 was strongly in favour of a holistic approach to support, that included 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 work

4 Phase 2 – Procurement

4.1 Medway Young Persons' Wellbeing Service Procurement

In late 2015, Medway CCG and Council formally elected not to participate in a joint procurement of existing specialist (Tier 3) CAMHS with Kent County Council and the 7 Kent CCGs. Instead, the decision was taken to pursue a Medway service model, reflecting the need for a tighter continuum of support for children and young people's emotional health and wellbeing and providing opportunities for a more flexible and agile service that can evolve alongside Medway's changing health and social care infrastructure and be fully locally accountable.

The decision to pursue a Medway service model recognised:

- a complex and fragmented service structure for CAMHS, leading to some poor outcomes and lengthy waiting times for assessment and treatment
- specific performance issues relating to Medway, which commissioners were unable to satisfactorily address under joint contractual arrangements
- the knowledge that CAMHS are most effective when delivered as part of a tighter continuum of support for children and young people's emotional health and wellbeing including universal services, schools, early help and targeted and specialist services
- the fact that Medway is well placed to achieve this through better alignment and integration of coterminous Local Authority and health services

In order to achieve a fully integrated service model and counter some of the risks around losing economies of scale (with Kent), the model includes provision of specialist pathways for LAC, Care Leavers, post sexual abuse, substance misuse and online support.

As described in Phase 1 (above), a draft Medway Service Model was widely consulted on in the spring and summer of 2016, including consideration by Children and & Young People's O&S and Health and Wellbeing Board. A wider public consultation was well received and responded to with respondents largely agreeing with the case for change and underlying principles. A market engagement event on 10 June 2016 was well attended, as were follow up 1-2-1 discussions with providers.

The service model was revised in line with feedback and approval to proceed to procurement was granted by the CCG Governing Body (Sept 16) and Medway Council Cabinet (Oct 16).

The procurement (via an OJEU restricted process) was undertaken between November 2016 and February 2017.

At the conclusion of this process the contract was awarded to NELFT. NELFT provide similar services across London and Essex. Evaluators were particularly impressed about the following aspects of NELFT's submission:

- Clearly enthusiastic and energised about Medway and strong buy-in at the most senior level
- Transformational approach, with strong emphasis on early intervention and support
- Strongly committed to working within evolving Medway structures (health and social care) and indication of a flexible approach to service delivery

- Fully integrated service model, collapsing traditional tiered approaches and focussing on more fluid Care Pathways
- Less of a 'medical' approach with interventions based around presenting needs, rather than diagnosis specific
- Focus on service throughput i.e. time limited interventions with goals based outcomes – clear step-up / step-down approach
- Technology fully embedded within service delivery, creating opportunities for a modern, agile and responsive workforce – less reliant on traditional clinic based approaches
- Strong patient facing Apps, websites and social media presence, clearly appealing to children and young people's focus group
- Fully compliant with national CYP IAPT programme and associated workforce training and development
- Good assurance around mobilisation and transition having recently taken on the Essex contract – will apply learning to Medway
- Full assurance around viability of the model within the budget envelope
- A positive 'can do' approach
- Strong references from commissioners in other localities

The five year contract, with optional two year extension, will be an NHS contract with NHS Terms and Conditions and the Council will be an Associate to that contract. This reflects the share of the funding within the contract and the clinical elements of the service. A Collaborative Agreement captures the shared responsibilities and risk-share within the contract.

4.2 All Age Eating Disorder Service Procurement

In parallel with the Medway Young Person's Wellbeing Service (YPWS) procurement, Kent and Medway CCGs (see page 2) agreed in 2016 to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. This is based on the recommendation that such a service be commissioned on a population footprint of 500,000+.

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 4.1 – All-age Eating Disorder Service, Before and After

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	Dedicated team with a greater breadth of

ChYPS service	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 Phase 3 – Service implementation and transformation

5.1 Medway Young Persons' Wellbeing Service

Introduction

The Medway Young Persons' Wellbeing Service (YPWS) proposes a viable and dedicated service for children and young people in Medway with a multi-disciplinary service offering community based NICE-concordant treatment. YPWS teams will comprise clinical staff with significant expertise, appropriate capacity and skill-mix.

The service will offer direct access to treatment through self-referral and primary care services and will be committed to the principles of CYP IAPT, which include:

- Evidence-based practice
- Routine outcome measures
- High quality clinical supervision and training
- Increased young people's participation

The support services will operate as 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 5.1 and Figure 5.2 below.

Fig 5.1 – Medway Young Person's Wellbeing Service Model

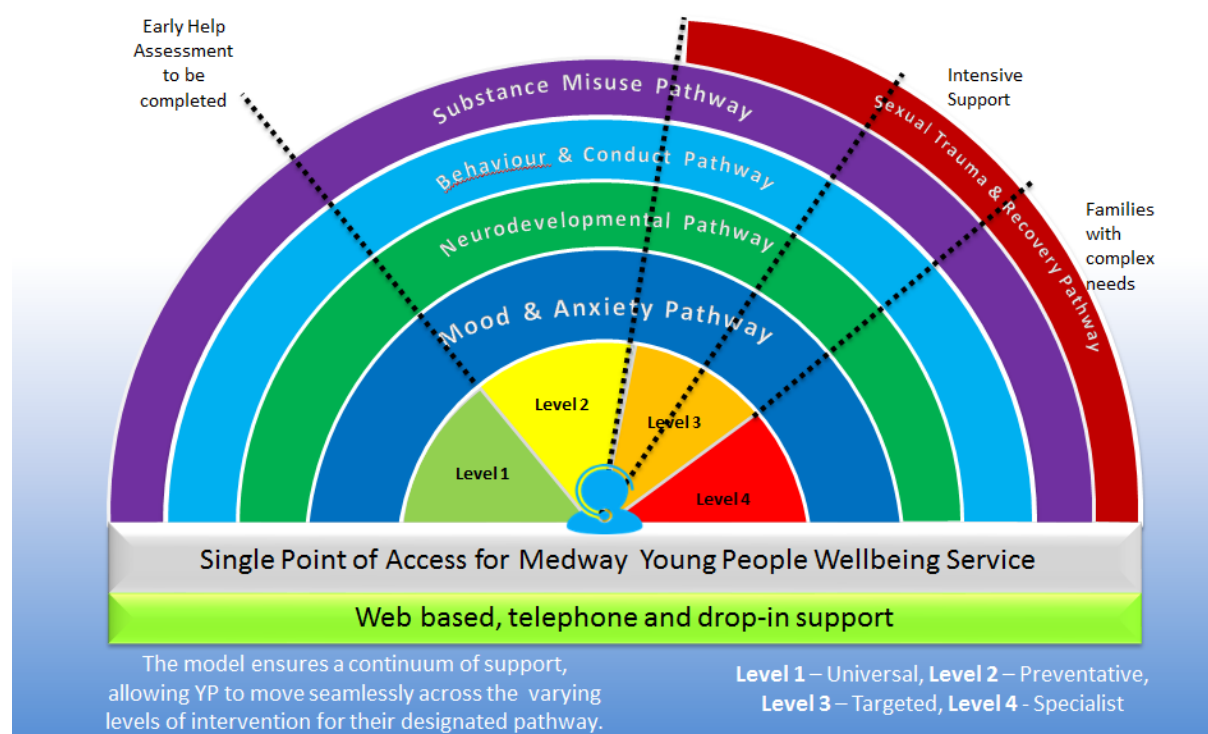
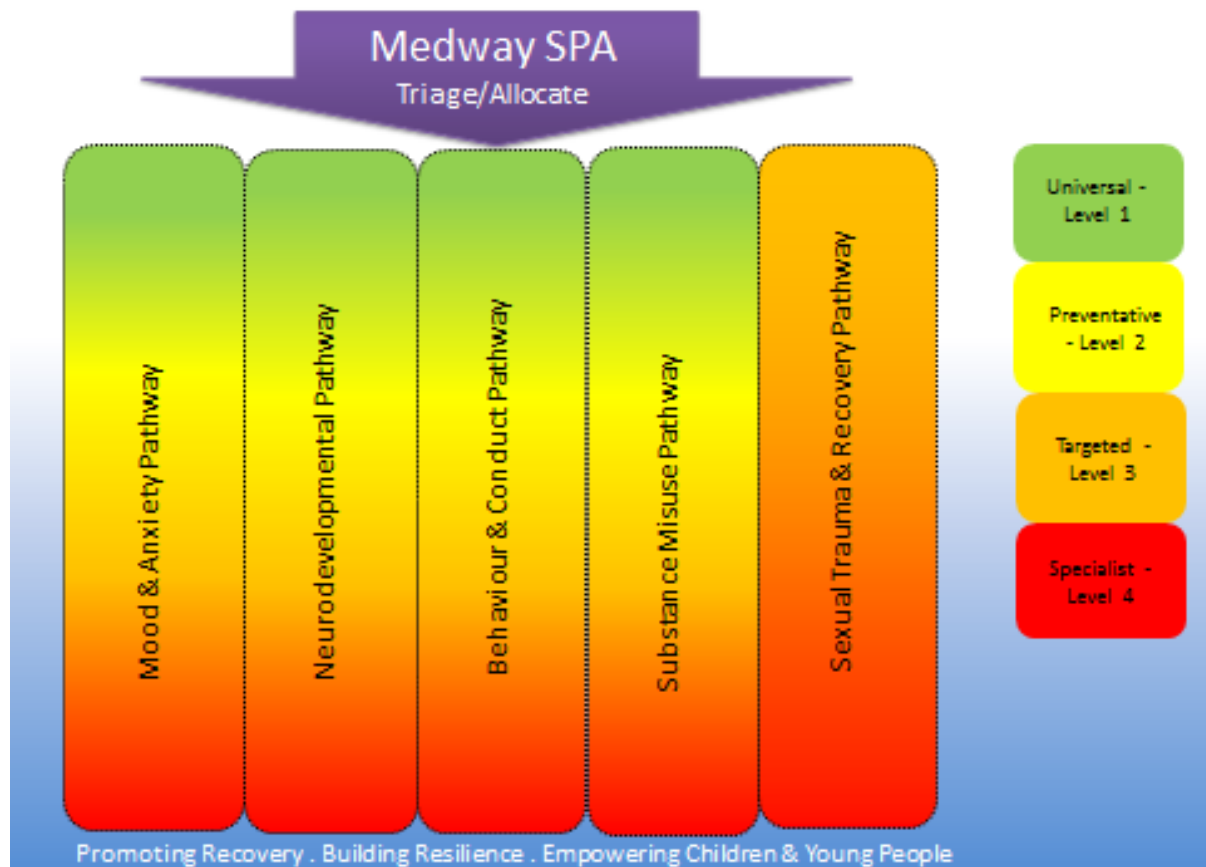


Fig 5.2 – Medway Young Persons' Wellbeing Service – Care Pathways



Service overview

The service model will progress the integration of Tier 2 and 3 CAMHS, together with other allied services e.g. young persons' substance misuse, accommodating the provision, staffing and early intervention in collaboration with the Medway Team Around the Family (TAF). This will deliver an integrated service and maximize the potential for the cross fertilisation of skills and knowledge across partner agencies.

Children and young people will have easy access to the least intrusive and most effective evidence-based, time limited treatments. The service will provide a professional, timely and clear journey through the treatment pathway which is crucial to young people and professionals alike.

The service will:

- Be accessible through a single point of access
- Provide early decisions, advice and assessment by a senior professional
- Offer clear and rapid signposting to the appropriate service

By collaborating and team-working with like-minded people who share a passion for working with children and young people the service will have far greater reach and impact. Therefore, by integrating with GPs, early help, health visitors, social care, youth teams, TAF and the voluntary sector, the service will aim to put the YPWS service at the centre of the Medway support network.

Targeted services to improve emotional resilience/mental health through early intervention with the least intrusive/most effective low-intensity interventions will be offered first. These will include low-intensity interventions for mild/moderate emotional/mental health problems which are evidence-based and underpinned and driven by NICE guidance and the principles of CYP IAPT. Digital developments, outreach resilience, and creative methods of engagement will support these interventions.

Medway's Early Help teams will be crucial to the success of the targeted, low-intensity YPWS offer. The provider will work pro-actively and collaboratively with Early Help staff to deliver evidence-based interventions. Low-intensity behavioural and cognitive interventions will be common, as will systemic family practice. For both interventions, clinical staff will have access to formal, post-graduate training through the CYP IAPT south-east and London learning collaborative, of which the provider is an established member.

The YPWS will work using named practitioners across the Early Help network directly providing a Single Point of Access (SPA) function. Collaborations will build knowledge and confidence around emotional wellbeing, resilience and mental health and the YPWS will advise, consult and train Early Help colleagues.

Specialist services will be established by clinical leaders and delivered through clinically-led care pathways to ensure throughput. They will deliver evidence-based psychological and pharmacological interventions and will systematically measure their outcomes. The YPWS will establish pathways for joint-working including links with adult mental health services, youth justice, schools, social services, health visiting, early help services and acute hospitals.

Setting clear goals at entry to the specialist service and monitoring of outcomes will enable active case management. Each young person entering the system will have a care coordinator to ensure a smooth pathway with a discharge care plan or Care Programme Approach for those transitioning into other services.

Performance and activity levels to meet ongoing demand can only be achieved by throughput and discharge in the clinical care pathways. This culture will be established and maintained. Through partnership agreements, support and consultation the YPWS will ensure that progress can continue to be sustained within Early Help, school or universal services.

The following care pathways are proposed within each locality YPWS team:

- Mood and anxiety
- Neurodevelopmental (including ASD and ADHD)
- Behavioural and conduct
- Sexual trauma & recovery
- Substance misuse

Each care pathway will be clinically-lead, with leads operationally managing YPWS practitioners. The team manager/care pathway leads will be responsible for assessment, treatment and systematic outcome measurement in that care pathway. YPWS practitioners may work across more than one care pathway in a locality team.

Crisis Support

The YPWS will provide intensive community support as early as possible for children and young people who are at risk of needing to be admitted to inpatient services. Appropriate out of hours advice and assessment will be available as will liaison with medical or paediatric colleagues where a child or young person has been admitted in order to accelerate discharge.

The YPWS will ensure that all clinical contacts that identify crisis are responded to within 4 hours at all times. If crisis resolution home treatment would prevent acute admission it will be offered within 24 hours.

All care plans will include a crisis contingency plan with details of who to contact out of hours. A named YPWS clinician will remain involved through crisis in order to ensure continuity of support and care. Crisis interventions will be individualised and needs led, always promoting continued access to family and cultural support networks.

Close and collaborative working in crisis

The YPWS will actively work together with other organisations to meet young people's needs before, during and after a crisis. Where appropriate the YPWS we will lead on Care, Education and Treatment Reviews (CETR) in relation to inpatient admissions and in line with agreed Kent and Medway protocols. With the help of partners this will result in integrated commissioning of appropriate services so that young people's mental health needs are met at an early stage, reducing presentations at A&E in a crisis.

The team will have the ability to work with young people and their families in their own homes and on a daily basis if the need requires. The YPWS will contribute to formal care co-ordination for children and young people using the Care Plan Approach (CPA). The work will be aimed at crisis management, risk management, prevention of admission and, if the latter cannot be avoided, then the team will work effectively with NHS England, South London and the Maudsley NHS Foundation Trust (SLAM) and inpatient providers to ensure a short stay in hospital with intensive post discharge follow-up.

The YPWS will assess the young person's mental state, social circumstances, level of risk, past history, and any other relevant information. This will inform the management and risk management plan. Each young person will have a copy of their care plan and a crisis plan developed with them and their family/carer. The team will work in close collaboration with other agencies in order to prevent admission or reduce length of stay, manage risk and safeguard young people.

Facilitating Early Discharge

Admissions to inpatient care, when necessary, should never be for longer than is absolutely necessary and discharge should be collaboratively planned on the day of admission. The

YPWS crisis team will liaise closely with inpatient teams when admission cannot be avoided. YPWS clinical staff will attend discharge planning meetings, risk assessment reviews and care planning discussions. Multi-agency working will include a contingency plan identifying risk factors, warning signs and a clear pathway back to specialist services if this is needed. Timely and appropriate care, support and treatment will be provided following discharge from hospital.

Crisis pathway model

The MYPWS crisis model will comprise a dedicated team of clinicians that work on a rota based system covering a 24 hour period over 7 days. The team will work across Medway to support the main YPWS teams to respond in a timely manner to urgent or emerging crisis or need for more proactive contact. Medical support will be available via the locality teams for young people on the team's caseload. The team will be supported by a medical on-call rota with all YPWS Medway consultant psychiatrists taking part. There will be a consultant psychiatrist on-call each night.

The model is based on the following principles:

- First contact during working hours is via the Single Point of Access (SPA). Clinical triage will take place and subsequent identification of any crisis intervention
- If a child or young person presents to A&E in crisis, NELFT's YPWS will work very closely with them responding within 4 hours following referral
- If a child or young person presents elsewhere, and an assessment is required, the crisis team will visit them in the appropriate setting within the four hour target.
- Following assessment, a crisis plan will be put in place including, contact and review by a consultant psychiatrist if clinically indicated and/or liaison with other agencies to support the treatment plan. This may include transfer to a Place of Safety or referral for Tier 4 admission

Mental Health Direct Out Of Hours Support

The Mental Health Direct Service (MHD) will offer an out of hours dedicated helpline that provides information, guidance and support to children, young people and families. When contact is made with MHD, the outcome of the contact will be either a 4 hour response from the crisis team or telephone support. Any action or follow up is communicated to the appropriate team/manager first thing the next morning and an action log will be completed and communicated.

The YPWS will also be supported out of hours by the provider's corporate rota of managers and senior managers on call and a consultant medic will be on call covering Medway.

Place of Safety

The provider will support the Kent and Medway Crisis Care Concordat aspiration to deliver a safe and effective network of places of safety across Kent and Medway.

Measuring outcomes

Through transformational change during the life of the contract, use of crisis interventions

should move from the rule to the exception. Planned care would take over. An index of change would be the pro-active use and take up of digital, early intervention and low intensity interventions. As well as monitoring these outcomes the provider will also measure:

Response times

- Use of S136 Places of Safety
- Peaks in service use
- Trends in crisis referrals
- Contacts and satisfaction with digital interventions
- Contacts with MHD and crisis team
- Feedback satisfaction from young people and stakeholders
- Communicating the Crisis Model

Early Intervention in Psychosis

Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.

Early intervention means getting help for problems when they start, before they develop into a more serious illness. The earlier someone gets help, the more quickly support can be put in place to help their recovery.

A specialist Early Intervention in Psychosis (EIP) service for children and young people >14 years is provided by Kent and Medway Partnership NHS Foundation Trust (KMPT). The existing EIP service does not currently meet NICE standards.

The funding to make the service NICE compliant has been agreed with the provider and is subject to recruitment. It is expected that the service will be sufficiently staffed to meet NICE standards by November 2017. Patients over the age of 14 who present to the Medway Young Persons' Wellbeing Service will be referred to the KMPT EIP service for support with care co-ordination managed appropriately between the two providers.

The primary aims of the service are:

- to reduce the length of time young people are left without any treatment
- to give people a positive first experience of mental health services
- to reduce symptoms and support recovery after a first episode of psychosis for up to three years
- to help young people reach their potential
- to prevent or reduce the severity of relapses
- to support and inform families and carers and involve them as much as possible
- to improve awareness of the symptoms of psychosis and the need for early assessment amongst other professionals and the public by working closely with a range of other organisations and services
- to use evidence based treatments and promote these to others working with young people experiencing psychosis.

6 Innovation and engagement

In Medway, we are committed to hearing the voice of the child and young person as well as the voice of the whole family around the child or young person.

Through the introduction and roll out of miLife, MyMind and REPRESENT the YPWS will offer modern, collaborative and innovative methods of engagement and actively seek feedback to inform the ongoing design and delivery of digital services.

Digital technology is not new, however health care has been slow to embrace innovations. By embracing this new era of communication we can exploit technology to provide far reaching community services. The 'Five Year Forward View' published by the Department of Health highlighted the need to develop both preventative supports for young people suffering with mental health concerns as well as a need to improve communication for young people.

6.1 miLife

www.milife.org.uk

miLife is a website and schools project commissioned by young people for young people, exploring how everyone can experience better emotional wellbeing and mental health.

The miLife schools roadshow provides hour-long workshops for young people in years 7 – 11. Workshops are digitally recorded and delivered through theatre performance, videos and practical demonstrations, which focus on real life scenarios and testimonials from local young people.

Young people are left with the confidence and knowledge of how to get help if they need it and are provided with details of safe and confidential contacts.

miLife is an example of blended real world/digital proactive, early help and of focussed working in collaboration with other services and agencies and with young people directly.

6.2 MyMind

<https://apps.nelft.nhs.uk/MyMind>

My Mind has been developed by the provider and is both an app and a website. It has been designed to meet the growing need for better communication and universal support in child and adolescent mental health care. *My Mind* is unique in that it was an experience based co-design which means young people were at the very heart of the design process. As a result the technology does what young people asked for but also meets the clinicians' needs and expectations. In terms of its functions the ability for young people to complete their own outcome measures and instant message with clinicians while automatically updating the electronic patient record is ground breaking. A universal resource library is also being developed which allows young people and their families to access safe, secure and useful content anywhere and everywhere.

As a universal pre-SPA offer anyone is able to download the lite version of the app which signposts users to a number of apps, websites and downloads which have been approved as helping young people to support their own mental health and emotional well-being.

A clear governance route is followed to ensure that recommended resources are vetted by a clinical and safeguarding team to ensure their safety. All new digital systems/processes are considered at team level and then approved via the provider's leadership team.

The technology itself has a number of clever tools to help safeguard users such as an automatic time out and the inability to screenshot the page.

NELFT plan to release the clinical version of the App in October 2017 and this will link to RIO in a staged format. This will ensure that staff are trained on how to use the App and ensure that the links with RIO are accurate.

Enhanced engagement opportunities

Young people using the service (post-SPA) will be able to create a profile about themselves, view helpful information about their clinicians and manage their own recovery journey including receiving appointment reminders and completing their own outcome measures online. *My Mind* also allows clinicians to upload documents, such as care plans, to the young person's app for them to access.

The app has the ability for communication using instant messaging video technology and allows CYP to keep in contact effectively and reduce time wasted on unanswered calls. All written communication within the app uploads automatically onto the electronic patient record within 24 hours. This makes accessing traditionally hard to engage groups (LAC/young carers etc.) easier and more convenient using a communication method they like and are used to.

My Mind also offers a web-based early intervention solution focusing on the provision of digital support at a universal level. It provides a digital library of safe/screened support in the form of recommended websites, apps and downloadable resources and is effectively a hub and spoke model of digital care where all enquiries are signposted to the My Mind platform with further support options available from there.

This improves the probability of reaching larger audiences as there is no requirement to remember multiple support options. The digital nature and experience based co-design has resulted in a product that is appealing to young people, including young people who might not routinely access support. Resources offered through the app emphasise self-help and building resilience in both the young person but also their families.

6.3 REPRESENT

www.represent.org.uk

Represent is a youth-led, youth-run, app/website-based radio station in Essex. Represent acts as a training provider to young people offering free Arts Award radio courses, communication skills and other key life skills.

In collaboration with NELFT and the wider commissioning forum in Essex, Represent has established a new engagement channel aimed at young people aged 12+ across Essex, and is running three campaigns on mental health this year.

Campaigns are periods of engagement, editorial and social media content on mental health chosen by the young people presenting and aimed at reducing stigma around mental health, building resilience and ensuring we can listen to young people in new and unique ways.

NELFT will be working to expand Represent in to Kent and Medway and to make use of this as a communication channel to promote key messages.

6.4 Big White Wall

NELFT has an established relationship with Big White Wall in London and Essex and will continue to work with them in Medway for 16+ year olds offering age appropriate 24/7 online treatment and support at www.bigwhitewall.com Users are able to log-in through their smart phone or computer to access low intensity interventions online 365 days a year.

Professionally moderated peer-support is the core offer at Big White Wall; this and our other digital offers will all be marketed across Medway using social media. The provider has established Instagram in addition to a Facebook and Twitter presence.

7 Data reporting and Measuring Outcomes

Collecting and analysing clinical and service data is essential in children and young people's mental health services to guide improvements in treatment delivery in session, as well as at a service and national level.

At the current time commissioners receive reports on access and waiting times and volumes of children and young people within the service but very little is reported to help us to understand presenting needs, trends and how children and young people are benefitting from the service as a whole

NELFT will collect and use the Mental Health Minimum Dataset approved by the Information Standards Board for Health and Social Care (ISB) for the NHS in England. We have clear reporting processes and standards and will systematically collect information in Medway on:

- Demographics
- Accommodation
- Mental Health Act
- Referrals and discharges
- Appointments and assessments
- Interventions
- Outcomes – SDQs – Strengths and Difficulties Questionnaire
- Outcomes – CGAS – Children's Global Assessment Scale
- Outcomes – RCADS – Revised Anxiety and Depression Scale
- Young people's evaluation of the service
- Multi-agency working

7.1 ICAN

NELFT will develop a service that uses NELFT ICAN (Interactive CAMHS Assessment Network) and is CORC (Child Outcome Research Consortium) and CYP IAPT compliant using routine outcome measures. The Interactive CAMHS Assessment Network (ICAN) is an application in which clinicians, young people, parents, carers and teachers are able to capture routine outcome measures (ROMS) electronically. ICAN provides useful feedback to clinicians to help track progress and data in real-time. ICAN is directly linked to the electronic patient record.

ICAN can operate on desktops, laptops, tablets and smartphones and connection is through Wi-Fi, 3G or 4G. NELFT has over 600 ICAN users who can collaboratively assign and complete measures with young people. Viewing the results is powerful with a range of graphs and charts that illustrate progress instantly.

Using ICAN the Medway YPWS will develop an appropriate internal infrastructure to collect and upload clinical data. Data will be used in real-time to guide treatment. Data will be used to monitor progress towards treatment goals, guide treatment and supervision and inform service improvements and delivery.

7.2 Collection and analysis of data

Clinicians can track outcomes through to resolution through RiO (Electronic Patient Record system -EPR) and the system allows for an efficient and seamless transfer of information throughout NELFT teams. By using alerts and recorded referrals, the service is able to identify and monitor the delivery of care pathways to children and young people. For example, a clinician can place an alert to notify other clinicians of their involvement.

The system ensures a seamless transition for information and patients throughout children and young people's services, as all relevant information is shared amongst practitioners without duplication.

7.3 Outcomes tools

NELFT'S EPR provides access to the system using a smartcard and Trust encrypted laptop. To support data accuracy and quality, templates have been devised on RiO to ensure the accurate and standardised recording of clinical data and demonstrate performance against KPIs and outcomes. This ensures that:

- All appointments/visits with CYP and families are recorded accurately, in line with NELFT guidance
- All appointments/visits are completed correctly and relevant consultation information recorded within the agreed timescales
- All appointments/visits are linked to the correct referral
- CYP who do not attend appointments are recorded as a DNA
- CYP and families who are not at home when visited are recorded as a failed contact

7.4 Key Performance Indicators (KPIs) and service standards

A number of KPIs and service standards are applicable to the new service. As described above, very few of these have an accurate baseline at this point and Medway commissioners will be working with the provider to accurately baseline these against activity collated during the first 12 months of the contract from 1st September 2017. From the third quarter of 2017, a proportion of payments to the provider will be directly linked to targets set against this baseline.

Accurate baselines and targets will be reported in an updated version of this Local Transformation Plan in 2018/19.

Appendix 1 – provides an indication of current activity within CAMHS and allied services supporting children and young people's emotional health and wellbeing in Medway.

Table 7.1 - Key Performance Indicators (KPIs) and service standards

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
<p>Outcome</p> <p>1. Improved service user experience and satisfaction, including:</p> <p>Children, young people and families receive information as and when they need it and in the best way(s) for the child /young person. This means the child or young person can make informed decisions/choices at all stages of their life and feel listened to and valued throughout the process.</p>	<p>KPI 1 - Number and % of C&YP in contact with the service who through survey or peer / independent review can state that:</p> <ul style="list-style-type: none"> i. they were satisfied with the information provided by the service ii. have been able to actively participate in the assessment, care planning and treatment process iii. were able to communicate what was important to them that will support positive change iv. they have been able to build a trusting relationship with 	<p>Improvements in satisfaction.</p> <p>Baseline to be set during Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline:</p> <p>The expectation is that service user satisfaction will increase as the new model is fully implemented.</p>	<p>Questionnaire / survey</p> <p>CHI-ESQ</p> <p>Friends and Family Test</p> <p>6-monthly Report</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
<p>Children, young people and families report an increased ability to cope with future problems and know where to go to get help if they need it.</p> <p>Children and young people consistently see the same team of people who work with them and get to know them.</p>	<p>v. the clinical team working around them that through the interventions from the service they have learnt new strategies and techniques to cope with future problems</p> <p>vi. they know how to access further help if they need it</p>			
<p><u>Outcome</u></p> <p>2. Children and young people are supported to feel confident and to develop their own goals based outcomes.</p>	<p>KPI 2 - Number and % of C&YP who state their confidence has increased to develop their own goals based outcomes.</p>	<p>Improvements in reported confidence, self efficacy and resilience:</p> <p>Baseline to be set during Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline:</p>	<p>Self-reported measure of increased confidence e.g. via RCADs (or via survey in KPI 1 above)</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
		Expectation is that service user satisfaction will increase as the new model is fully implemented.		
<p><u>Standard</u></p> <p>3. Children, young people and their parent carers experience a timely, integrated, person centred approach to assessment, care planning and treatment in line with specified standards</p>	<p>KPI 3 - Number and % of C&YP having to wait longer than the specified standard (based on volume of incomplete Referral to Treatment pathways compared to the size of the Referral to Treatment waiting list).</p> <p>i. for <u>routine</u> assessment</p>	<p>National target (92% within 18 weeks)</p> <p>Baseline to be set during Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline</p> <p>Referral to routine assessment waiting times:</p> <ul style="list-style-type: none"> • 0 <= 4 weeks • 4 <= 8 weeks • 8 to <= 12 weeks • 12 + weeks <p>Referral to routine treatment</p>	<p>Questionnaire</p> <p>Monthly activity report</p>	<p>After first 6 months of service launch and quarterly thereafter.</p> <p>(KPIs to be agreed at the end of Period 2)</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
	ii. for <u>routine</u> treatment iii. for urgent referrals iv. for emergency referrals	waiting times for new cases: <ul style="list-style-type: none"> • 0 <= 6 weeks • 6 <= 12 weeks • 12 <= 18 weeks • 18 + weeks 95% - <10 working days (<5 working days for LA) 100% - <72 hours		
<p><u>Outcome</u></p> <p>4. Children and young people are able to use self-help tools and resources to improve their emotional resilience and confidence.</p>	<p>KPI 4 - Number and % of C&YP:</p> <p>i. using self-help tools and resources to improve their emotional resilience</p> <p>ii. who state that they have an increased level of confidence</p>	<p>Improvements in reported confidence, self efficacy and resilience.</p> <p>Baseline to be set following consultation/implementation of new model of care</p> <p>Targets to be set for years 2, 3, and onwards based on</p>	<p>Self-reported measure of increased confidence e.g. via RCADs (or via survey in KPI 1 above)</p>	<p>Baseline to be set following consultation/implementation of new model of care (Period 2) and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
	<p>to participate in meaningful activities following support from the service</p> <p>iii. who state that they have an increased confidence and ability to make and maintain positive friendships</p>	<p>improving on the baseline:</p> <p>Expectation is that evidence of self-help and resilience will increase as the new model is fully implemented.</p>		
<p>Outcome</p> <p>5. Children and young people experience improvements in their emotional wellbeing and mental health using appropriate clinical measures.</p>	<p>KPI 5 - Number and % of C&YP who improved their validated outcome measurement score between commencement of treatment, and at 6 months (or case closure if before 6 months)</p> <p>KPI 6 - Reduction in the number and % of C&YP children re-presenting to the service</p>	<p>Improvements in Outcomes.</p> <p>Baseline to be established in Period 1 and 2.</p> <p>Targets to be set for years Period 3 onwards based on improving on the baseline.</p>	<p>Use of RCADS / SDQ / CGAS and other appropriate tools for paired scores.</p> <p>Commissioner and provider to work together to establish the most effective way to report on and measure aggregated outcomes.</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
<p>Outcome</p> <p>6. There is a reduction in the number of A&E presentations for mental health and self-harm</p>	<p>KPI 7 - A&E presentations for mental health / self harm</p>	<p>Reduction in acute presentations of mental health and self-harm.</p> <p>Baseline to be established in Period 1 and 2</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline.</p>	<p>Coding from Hospitals</p>	<p>Commissioner to establish a process for data capture and reporting via the Acute Trust.</p>
<p>Outcome</p> <p>7. There is a reduction in the number of children and young people who are admitted to Tier 4 hospitals for mental health</p>	<p>KPI 8 - Number and % of C&YP mental health admissions to Tier 4 settings</p>	<p>Reduction in the number of admissions to Tier 4 hospitals.</p> <p>Baseline to be established in Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline.</p>	<p>NHSE Specialised Commissioning admissions data</p>	<p>After first 6 months of service launch and quarterly thereafter.</p> <p>It is the expected that the provider will maintain effective contact with NHSE and the Tier 4 inpatient provider throughout a young person's stay in hospital and will be able to report to the commissioner on issues arising from CPA/CETR processes and discharge dates/plans.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
<p>Standard</p> <p>8. Children and young people in crisis receive rapid access to specialist treatment to stabilise their symptoms and avoid significant harm to themselves or others.</p>	<p>KPI 9 - number and % of C&YP in crisis being able to be treated at home and in other appropriate settings as an alternative to Tier 4 in-patient admission</p> <p>KPI 10 -</p> <p>i. Total number of crisis assessments undertaken in A&E, including out of hours</p> <p>ii. No. and % of those presenting assessed within 4 hours of referral</p>	<p>Increase in the number and % of children treated at home and in other appropriate settings as an alternative to in-patient treatment</p> <p>Baseline to be Established in Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline.</p> <p>95%</p> <p>(National A&E target within 4 hours. Timeline to start from the time service receives the request from A&E staff to attend)</p> <p>(If the child is admitted to a</p>	<p>Monthly activity report.</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
		paediatric ward due to medical circumstances such as over-dose or self harm, then assessment within 24 hrs would be considered more appropriate in accordance with NICE guidance)		
<p>Standard</p> <p>9. If service users 'do not attend' or stop attending appointments before formal arrangements for this are made there are procedures in place to facilitate return to service, including outreach, and use of digital technologies where appropriate</p>	<p>KPI 11 - DNA rate measured through aggregate of:</p> <ul style="list-style-type: none"> i. total number and % of 1st appointment DNAs by service user and ii. total number and % of subsequent appointment DNAs by service user 	<p>Baseline to be Established in Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline and/or national average (depending on baseline position)</p>	<p>Monthly activity report</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>
<p>Outcome</p> <p>10. Fewer young people misuse drugs and alcohol following engagement with the service.</p>	<p>KPI 12 - Number of young people who report being abstinent at treatment exit</p>	<p>30% (subject to ongoing review)</p>	<p>Patient / Family Questionnaire</p> <p>Monthly activity</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
			report	
<p><u>Outcome</u></p> <p>11. Young people reduce their drug and alcohol use following engagement with the service.</p>	<p>KPI 13 - Number of young people who have reported a decrease in drug/alcohol consumption</p>	<p>70% (subject to ongoing review)</p>	<p>Patient / Family Questionnaire</p> <p>Monthly activity report</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>
<p><u>Outcome</u></p> <p>12. Young people reduce harmful and risky behaviour following engagement with the service.</p>	<p>KPI 14 - Number of young people in contact with the service who report an improvement in following behaviours:</p> <ul style="list-style-type: none"> i. Offending ii. Unsafe sex iii. Self-harm iv. Sexual Exploitation 	<p>Baseline to be Established in Period 1 and 2.</p> <p>Targets to be set for Period 3 onwards based on improving on the baseline and/or national average (depending on baseline position)</p>	<p>Patient / Family Questionnaire</p> <p>Monthly activity report</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

7.5 Metric and Output data

Category	Output data	Target – if applicable
Caseload	Total number of C&YP on all caseloads (at end of month)	
	Cases closed during monthly reporting period	
	Number and % of current cases open for more than 6 months	
	Number and % of current cases open for more than 6 months reviewed by Single Point of Access (all LAC reviews to be made available to Children’s Social Care)	
Assessment and Treatment	Total number of referrals received through Single Point of Access (for monthly reporting period)	
	Source of external referrals	
	Number and % of referrals by type (routine, urgent or emergency)	
	Number and % of emergency referrals within normal hours / out of hours	
	Service destination of all accepted referrals through Single Point of Access (for monthly reporting period)	
	Total number and % of C&YP assessed (for monthly reporting period) within: 0-4 weeks 5-6 weeks 7-13 weeks (breach) 14-18 weeks 19-25 weeks	

	26 weeks +	
	% Out of Hours emergency referrals assessed within <24 hours	
	% Urgent referrals assessed within 10 days (5 working days for LAC)	
	Number of urgent referrals not assessed within 10 days (5 working days for LAC)	
	Number on the assessment waiting list (at end of monthly reporting period)	
	Numbers who waited more than 18 weeks for assessment	
	Number on the treatment waiting list	
	% of routine referrals assessed within 6 weeks (for monthly reporting period)	
	Average number of weeks waiting for routine assessment (where assessment has taken place)	
Service Quality	Number and % of Face to Face appointments	
	Number and % of non Face to Face Appointments	
	All new appointments offered	
	Follow up appointments offered	
	Number and % of appointments cancelled by patient	
	Number and % of appointments cancelled by service provider(s)	
	New appointment DNAs	
	Follow up appointment DNAs	
	Number of serious incidents	

	Number of complaints responded to	
Service User	Gender	
	Age range	
	Ethnicity	
Inpatient and Tier 4	Admissions to Tier 4 services and destination	
	Number and % of CPAs / CETR in place for Tier 4 admissions	

8 CYP IAPT

CYP IAPT is a national CAMHS transformation programme. Partnership working drives transformation with NHS providers working in close collaboration with the Local Authority and Third Sector forming CAMHS Partnerships.

The key components of CYP IAPT include:

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

Kent and Medway CCGs (see page 2) have joined together to form the Kent and Medway CYP IAPT partnership to take forward the programme in conjunction with NELFT and other providers of emotional wellbeing support services. NELFT has been part of CYP IAPT for the last five years.

The Medway YPWS service will be fully committed to the principles of CYP IAPT including: evidence-based practice, routine outcome measures, high quality clinical supervision and training and increased young people's participation.

All of NELFT's services for children and young people across Essex and London are CYP IAPT compliant. CYP IAPT is a core part of their business and has been since 2012. They are an established member of the London and South East CYP IAPT Learning Collaborative. NELFT welcome the opportunity to join the Medway and Kent CYP IAPT Partnership and to expand this to include all multi-agency providers delivering emotional health and wellbeing services in Medway.

As part of CYP IAPT the service will develop a more collaborative relationship with children, young people and families. A participation group will be established through which young people will contribute to service improvement in a meaningful way (for example interviewing prospective employees, developing welcome packs for young people using the service, re-designing waiting areas to become more young-person friendly).

8.1 Feedback shaping services

One of NELFT's key standards is being positive about the contribution that young people and their families can make to service monitoring and improvements. This is demonstrated by their practice of asking individual service users to present their personal journey through services at each Board meeting.

NELFT collect young people's feedback in a variety of ways to influence improvement of services. These include engagement with Youth Councils and Youth Assemblies, running listening surgeries, user/focus groups, consultation events, satisfaction surveys (Friends & Family), their complaints processes and a commitment to patient involvement in inspections.

Patient experience partnership groups, which will be used in Medway, act as an advisory group; ensuring young people's voices are heard at Board and local level. This information will be collated and analysed by NELFT's patient experience team and areas of concern and improvement will be identified. This information forms part of the monthly performance reports reviewed by Trust Board.

NELFT's engagement model will:

- Establish participation groups in Medway co-designed by young people and local services to reflect local needs. Forums will be held during mobilisation for young people to discuss the changes and have their outstanding queries answered. These forums will also gather feedback allowing immediate improvements to be made.
- Involve young people in the co-creation of service related online-information and content, posters, leaflets and letters for style, impact and information.
- Agree where leaflets should be available (e.g. schools, voluntary organisations, GPs)

NELFT have extensive experience of working with children, young people and families in designing care pathways, and involving them in service design and evaluation. They actively seek and use feedback. NELFT endorse the Health and Social Care Advisory Service (HASCAS, 2008) participation in CAMHS standards.

8.2 ROMs (Routine Outcome Measures)

As described in Section 7, collecting and analysing clinical and service data is essential to raise quality and guide improvements in treatment delivery in session, as well as at a service and national level. NELFT will develop a service that uses ICAN (Interactive CAMHS Assessment Network) and is CORC (Child Outcome Research Consortium) and CYP IAPT compliant using routine outcome measures.

In order to be CORC and CYP IAPT compliant as a minimum the following routine outcome measures are proposed:

- RCADS (Revised Child anxiety and Depression Scale)
- SDQ (Strengths and Difficulties Questionnaire)
- CGAS (Children's Global Assessment Scale)

The Medway YPWS will use a mix of goal and symptom focused measures. This is important as symptom specific measures are not always the most suitable. A culture of

routinely and systematically measuring outcomes will be established and a culture in which outcome measurement is valued. This will include collect and submission of data for the national Mental Health Minimum Dataset.

8.3 Further improving user participation

There are a number of ways in which the Medway YPWS will seek to improve user participation, including the use of technology such as My Mind (see 6.2 above).

Young people have told us that they value direct access to advice and support free from normal working hours and conventional and formal services. They wanted us to offer an easy to access service which reduced the stigma that young people often associate with NHS mental health services. My Mind is anonymous and free to access at all times (24/7/365) putting young people back in control of how and when they engage.

The team behind the NELFT My Mind app has been shortlisted for the NHS Digital Pioneer Awards 2017.

8.4 Improving access to evidence-based psychological treatments

NELFT is committed to the delivery of evidence based psychological treatments. This must be done safely and in an adherent and competent manner by appropriately trained, registered, accredited and supervised clinical staff. This is essential in order to manage risk and to provide assurance that clinical quality is high. This method also achieves high rates of recovery, symptom reduction, increases in educational and social functioning and satisfaction. Adherence and competence to the provision of NICE recommended psychological treatments is crucial and this is managed through rigorous clinical supervision structures.

Fundamental to CYP IAPT is the need for greater access to evidence based psychological treatments, particularly for those groups who are traditionally excluded. NELFT strive to address this by training existing CAMHS staff in targeted and specialist services in an agreed, standardised curriculum of NICE approved and best evidence-based therapies.

8.5 Training managers and service leads in change, demand and capacity management

The Service Transformation and Clinical Leadership CYP IAPT programme is one that NELFT has a close association with. It aims:

- To develop competency in leading service change to deliver evidence based, quality driven, outcomes informed services
- To maximise critical knowledge of the theoretical, research and implementation literature that underpins such service change
- To enable service leaders to make the necessary changes in their services during the training course

NELFT has a record of investing in the leaders who are:

- Service Directors/managers and clinical directors/leads who work in EWMHS/CAMHS
- Key to organisational development and in supporting change at a local level
- Strongly supported by us to undertake this training in support of CYP IAPT

NELFT understand that transformational change in CYP IAPT involves re-training the workforce, embedding new cultures and investing in the leaders who are to drive through this change.

8.6 Self-referral

The Single Point of Access will provide an 'open front door' to Medway's YPWS. The service will be directly accessible to children, young people and their families/carers to seek advice and help. There will be a 'no wrong door' approach; every referral from a child, young person, family member or professional will be overseen through to the intervention being received. Trained call handlers, with immediate access to clinical advisors, will respond to self-referrals to ensure the caller receives the help sought.

Self-referral can be made via the website at any time. Young people will be contacted by their preferred method to further the referral.

Self-help is available 24/7 via the website and using apps such as MyMind.

9 Workforce Planning

Ensuring a sustainable local supply of appropriately skilled workforce is vital to service transformation. There are particular geographical challenges in recruiting to Kent and Medway across the health and social care economy due to its close proximity to London (and associated pay scales) and, in some cases, relatively isolated areas close to the coast. Kent and Medway CCGs and LAs are working through the STP process to address some of these issues at a strategic level.

In terms of the children and young people's transformation programme, NHSE have allocated Kent and Medway £45,000 to in 2017/18 to support the CYP IAPT acceleration programme and develop, with commissioners, a children's Transformation Workforce Strategy and action plan. CCG's will be jointly recruiting a project manager to lead on this work in the summer of 2017.

NELFT also has extensive experience of providing a skilled workforce to complete contracted obligations in line with service specifications. NELFT have reviewed the 'Local assessment of Need' to identify the key current predictors of need in Medway, predicted growth levels and population ethnic mix and designed a proposed structure that will meet the needs identified.

9.1 Workforce Transformation

A staff consultation will begin post-transfer (1 September 2017) to share the proposed staffing model. The new staffing model is developed using local data to ensure that NELFT meet the needs of local children and young people including a Team Leader, named consultant(s), pathway leads and a range of staff with key clinical skills to deliver evidence based NICE compliant interventions.

Once the consultation is completed and the final structure agreed, a recruitment process will begin to ensure all roles are filled. Staff will undergo traditional interviews and values-based interviews (personal values, compassion, behaviour) to ensure that each staff member is clear on the expectations of the new model, the requirement to deliver differently (e.g. child at the centre, NICE, agile working, use of technology).

A national recruitment campaign will also be prepared and ready for release where vacancies exist. Temporary staffing will be engaged where gaps exist. To improve recruitment, NELFT have introduced a number of strategies including:

- Engagement with universities to identify students and encourage them to apply for posts
- National and local campaigns
- Flexible contracts and agile working (home, term time, 9 day fortnight etc.)
- A 'grow your own' strategy including developing Level 3 apprentices and developing Band 2 staff into Band 3 assistant practitioners
- Ensuring that all newly appointed support workers undertake the Care Certificate

Caseload monitoring will continue throughout the life of the contract as it's anticipated that there will be changes, e.g. referrals increasing on commencement of the new contract due to the surrounding publicity and long-term changes as a result of early intervention and emotional wellbeing criteria.

9.2 Future Workforce planning

The establishment of a clear workforce strategy provides the framework to ensure the service has the capacity and capabilities to operate in a dynamic and increasingly complex environment. This includes:

- Effective service delivery for the duration of contracts
- Day-to-day staff leadership, management and supervisory requirements
- Attracting and retaining suitably qualified, experienced and competent staff to deliver safe, high quality services
- Achieving and maintaining a positive employee relations environment
- Covering risks and uncertainties including business continuity planning

NELFT regularly monitors workforce data, profiling headcount, skill-mix, qualifications, demographics and turnover through its business intelligence tool (MIDAS) , observing trends to identify potential gaps in capability and capacity. This drives an annual workforce plan, with monthly trajectories for each staff group and service plans for efficiency savings, training plans and staff recruitment, ensuring the service has the optimal skill-mix working in the most cost and clinically effective way.

On joining NELFT the Medway YPWS team will link with other teams in NELFT who deliver emotional wellbeing and mental health services to contribute to the development of a joint strategy for young people's mental health services. This group monitors nationally recognised best practice and will ensure that NELFT services continue to transform and meet the needs of our children and young people and their families.

9.3 Innovation in training and recruitment

In order to encourage expansion of the children and young people's mental health workforce, HEE is commissioning two new training routes in partnership with the CYP IAPT Learning Collaborative, namely, Recruit to Train and 'Psychological Wellbeing Practitioners'. NELFT will explore all avenues to retraining and expanding the workforce including these two new HEE options.

The Recruit to Train scheme requires NELFT to create an appropriate new post to train and deliver NICE concordant psychological therapies to children and young people. This differs to the traditional approach of retraining the existing workforce and borrows from an approach used in adult IAPT services. NELFT will work in collaboration with Medway CCG and Council to capitalise on these new opportunities to develop the workforce. The benefits of Recruit To Train are that newly recruited staff enters YPWS with a mind-set akin to CYP IAPT from the start.

9.4 Workforce capability

To develop and maximise the contribution its workforce, NELFT is committed to education, learning and development. NELFT staff will be able to access a range of training and development opportunities with over £1m invested in staff development annually. NELFT have well established relationships with Higher Education Institutes which will be further developed in Medway, including the three universities (Kent, Canterbury Christchurch and Greenwich) with a local presence.

Mechanisms are in place to ensure the workforce has the skills to provide safe, effective and compassionate care including statutory/mandatory training e.g. safeguarding training, and PREVENT training that is central to the YPWS contract. All staff have an annual appraisal and complete a personal development plan which is monitored via a Performance. Annual trust wide training plans are developed on the basis of individual appraisal information.

10 Collaborative commissioning

10.1 NHS England Specialised Commissioning

Medway and Kent are committed to establishing strong collaborative relationships with NHS England and CCGs are seeking opportunities to undertake this collectively with Surrey and Sussex where this is appropriate to do so. This includes reducing the number of out of area placements for Kent patients following NHS England's review of tier 4 inpatient services.

NHS England is an invited member of Medway's LTP Project Board which has the accountability and responsibility for transforming the whole system, including joining up care pathways and monitoring the impact across the utilisation of acute and community services.

Medway and Kent CCGs are members of the CYP MH South East Strategic Clinical Network, and opportunities will be sought for collective solutions to be identified and delivered across the South East

Medway and Kent CCGs will develop robust relationships with the new lead provider/s of New Models of Care (wave 2)¹ for tier 4 CAHMS and tier 4 eating disorders. This will include identifying commissioning and service provision opportunities and gaps within the current pathways and seeking ways to address these to improve outcomes for children and young people and ensure value for money.

Kent and Medway are liaising closely with Surrey and Borders NHS Foundation Trust, the designated lead for New Models of Care Wave 2 for Kent, Surrey, Sussex and Medway. Effective relationships will be built across all providers to effectively step up and step down patients from tier 4 services. This includes improved partnership working and clearly established protocols between the CCG and Council to ensure that children and young people are supported holistically and are only accessing tier 4 services where there are clear presenting mental health needs requiring these services.

Challenges, risks and issues from the Kent and Medway provider alliance will be discussed at the South East CAMHS pathway oversight assurance group to jointly identify commissioning and service provision gaps within tier 4 and consider actions to resolve these both in the short and long term.

10.2 Health and Justice

Youth Offending Team (YOT)

The Medway YOT is relatively small Youth Offending Team, with a team of approximately twenty staff including seconded and co located workers from partner organisations. Like many other YOTs nationally, Medway YOT has seen a significant reduction to its budget and resources in recent years.

The performance of Medway YOT is monitored by their YOT Management Board. There has been a significant reduction in first time entrants in recent years. The latest published overall

¹ The CAMHS New Model of Care involves budgets for Tier 4 inpatient admissions transferring to Trusts or groups of Trusts. The aim is to reduce the number of out of area placements, the length of stay for young people and reduce the number of inappropriate admissions into Tier 4 CAMHS and Eating Disorder units.

re-offending rate has reduced and is better than the south east and national average rates, although the frequency and re-offending by re-offender rates have increased.. The custody rate per 1000 young people has increased and is higher than all comparators.

Medway YOT has gone through a period of change and uncertainty. Medway Council's Cabinet originally agreed a process to outsource the YOT services in Medway in April 2016. A further decision not to commission out the YOT Services was then made in December 2016. The Head of Service for Early Help and Targeted Services (LTP Board member) now has permanent responsibility for the YOT and the YOT will remain in house, based within the Early Help Service. This provides excellent opportunities for close alignment with the Medway YPWS as the service develops.

The nature of the cohort in Medway is changing including increasing concern about gangs and gang related activity. There is also increasing concern around domestic abuse and child sexual exploitation. A new Gangs Strategy has recently been developed and the YOT is beginning to be represented in the key relevant meetings, both at a strategic and operational level. The Medway YPWS has been developed to address some of these issues, e.g. the inclusion of a specialist sexual trauma and recovery pathway.

All of the YOT caseworkers are trained in the AIM specialist assessment and intervention for harmful sexual behaviour. AIM is not suitable for all young people, however this is an example of the specialist skills and knowledge contained within the YOT that could be better utilised across the wider services including the Medway YPWS.

The Medway YPWS will include a dedicated YOT worker to help develop these opportunities further.

Local Health and Justice pathways and protocols

A Medway 'Working Together Probation Protocol' has been established in Medway with the aim of:

- building on the arrangements between Medway YOT and the National Operation Service South East and Eastern (NPS SEE) and the Kent, Surrey and Sussex Community Rehabilitation Company
- Ensuring there are clear protocols, procedures and guidance in place for children and young people leaving custody
- clarifying the Corporate Responsibility of Partner Agencies Working with children and young people and care leavers leaving custody

The key principles of the protocol are to ensure that:

- The collective and individual needs of young people in care and care leavers are recognised and managed
- Care Leavers are identified at the earliest opportunity within the criminal justice system
- Each young person has a probation officer and a Leaving Care Personal Advisor who work in conjunction with each other to ensure the welfare needs of the young person are addressed at the earliest opportunity

- Relevant information about young people is shared between Leaving Care and Probation to ensure that a robust pathway plan is in place upon release for successful transition into the community
- Care Leavers are involved in the planning for their transition from custody into the community and will fully understand what that entails and which resources can support them
- Pathway plan meetings are held to enable key people working with the care leaver to come together to discuss and approve young person's plan on release. This review process will, where possible, incorporate the sentence plan review process and consideration of any additional new targets which should be considered.
- Preparation meetings prior to release take place to ensure that the needs of care leavers are identified and services are in place to ensure a successful rehabilitation back to their community

As the provider of Emotional Wellbeing and Mental Health services for Looked After Children and Care Leavers, NELFT will be a key partner within this protocol.

A Transition Panel for Children and Young People with Complex Needs has been established. The purpose of the Multi-Disciplinary Panel is to identify and support the decision making for children and young people with complex needs, who require transitioning into adult services. The Panel will work together to develop innovative solutions that ensure positive outcomes are achieved for young people.

The Panel will operate in accordance with Medway's Transforming Care Plan, the nine key principles of the national service model 'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition' (NHSE/LGA/ADASS 2015), and all associated local pathways and protocols.

Looked After Children and Care Leavers in custodial settings will be regularly reviewed by this panel.

10.3 Care, Education and Treatment Reviews (CETRs)

Care Treatment Reviews (CTRs) were implemented in August 2014 and Care Education and Treatment Reviews (CETRs) for children and young people were implemented in March 2017 to ensure consistent and robust decision making about the need for in-patient care for people with Learning Disability (LD) or Autistic Spectrum Conditions (ASC). CTRs/CETRs seek to make sure that people, including children and young people with LD and/or ASC are supported to have good lives in the community and only cared for within a hospital environment if they absolutely need to be, for the shortest length of time necessary and on a clear evidence based assessment and treatment pathway.

The CTR/CETRs process essentially asks whether the person needs to be in hospital and if there are care and treatment needs whether these can be provided in the community. If the resources and support are not currently in place to support someone's discharge the CTR/CETRs will make clear recommendations that seek to address what needs to be done to get to the point of a safe discharge. A CTR/CETR can also be held for patients 'due' to be admitted and are known as 'Community CTRs/CETRs'; these need to be undertaken at

speed and may revert to an 'Post Admission CTR/CETRs' if the patient is admitted before the Community CTR/CETRs can take place.

A Kent and Medway Protocol has been designed to provide an agreed framework to deliver consistent, safe and high quality CTR/CETRs across Kent and Medway. It will provide guidance to all parties, organisations and professional individuals involved in the CTR/CETRs process with respect to roles and responsibilities, due process and standards expected for the benefit of individuals assessed and their family members.

It is anticipated that the more robust application of CETR processes in Medway, including more joined up working between key agencies, e.g. Medway YPWS, SEN Team and children's services through a reconstituted 'Joint Agency Panel' and the establishment of a 'dynamic risk register' to regularly review children and young people at risk of an inpatient admission, will contribute to a reduction in admissions and facilitate more timely and effective discharge arrangements.

Kent and Medway are currently an outlier within the south of England in relation to children and young people being admitted to Tier 4 inpatient beds.

11 Finances

Medway CCG and Council are fully committed to ensuring that every penny of additional transformation monies from NHS England is invested in frontline services for children and young people.

The procurement timeline has afforded 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.

11.1 Medway Young Persons' Wellbeing Service

The maximum value of the Medway Young Persons' Wellbeing Service Contract was set at £17,500,000 (seventeen million five hundred thousand pounds) based on a five year contract and two year extension. This equates to an annual contract value of £2,500,000 (two million five hundred thousand pounds).

Based on agreement at Joint Commissioning Management Group (JCMG) on 23 June 2016 and ratified by Medway Council Cabinet and NHS Medway CCG Governing Body, the financial share between the two Commissioners is as follows:

Table 12.1 – Medway Young Persons' Wellbeing Service – Financial breakdown

Medway Council	NHS Medway CCG
£588,345	£1,911,655 *
Based on the following pre-existing contributions (16/17 values)	Based on the following pre-existing contributions (16/17 values)
Tier 2 CAMHS - £304,076	Tier 2 CAMHS - £140,000
Tier 3 CAMHS - £144,269	Tier 3 CAMHS - £1,098,463
Substance misuse - £140,000	NHSE LTP funding - £673,192 *
	* maximum value (pro-rata based on agreed contract price)

Based on the 2017/18 NHSE LTP funding allocation of £714,000, this leaves a discretionary allocation of £41,000 pa, the utilisation of which will be managed by the LTP Project Board. It is, however, recognised that there will be additional pressures in the system from 2018/19 onwards, including CYP IAPT as HEE backfill funding is withdrawn.

In 2017/18, transitional investment will continue for the first 5 months of the financial year (April to August incl.), and includes the following programmes and allocations set out in Table 12.2.

Table 12.2 – Medway LTP – Interim investment breakdown

Interim Programme	Allocation (£000)
Procurement commissioning support	50
Schools/Early Help commissioning support	24
SAFE (Schools peer mentoring programme)	20
Additional Primary Mental Health Workers (Tier 2)	77.5 (pro rata)
Additional capacity for Looked After Children	65 (pro rata)
Buildings transformation	15
Workforce development	15
Crisis and liaison psychiatry (interim)	47 (pro rata)
CYP IAPT	7.5
Total	321

The remainder of the Transformation Funding (£393,000) is allocated to the new Medway YPWS contract in 2017/18.

11.2 Kent and Medway All Age Eating Disorder Service

An additional £153,000 per annum from NHSE to Medway CCG is allocated to the new all-age Eating Disorder service.

The total annual contract value for the Kent and Medway All Age Eating Disorders Service was capped at £2,600,000 (two million, six hundred thousand pounds). This was calculated on the basis of transformation funding, together with a best estimate of funding allocated to Eating Disorder Services within KMPT (adult and primary care service) and Sussex Partnership NHS Foundation Trust (CAMHS). The breakdown across Kent and Medway CCGs is included within the table below.

Table 4 – Medway Young Persons' Wellbeing Service – Financial breakdown

	WK	Ashford	C&C	SKC	Thanet	DGS	Swale	Medway	Total
KMPT	300,658	94,844	219,065	178,941	138,475	183,731	88,399	205,189	1,409,301
Sussex Partnership FT	67,712	17,282	30,598	31,731	24,365	38,248	16,716	43,347	270,000
CHYPS EDS Transformation Funding (5 year recurrent ending 31 March 2020)	239,000	61,000	108,000	112,000	86,000	135,000	59,000	153,000	953,000
Total budget	607,370	173,126	357,663	322,672	248,840	356,979	164,115	401,536	2,632,301

In 2017/18 £62,000 has been allocated to interim access and waiting times initiatives within KMPT and SPFT, the remainder of the allocation (£89,250) is allocated to the new contract.

12 Delivery Plan Update (2017/18)

Medway's original LTP submission (2015/16) included an 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 is appropriate to base investment and achievements against those priority areas originally highlighted in the LTP. Tables 13.1 to 13.5 below, detail progress against the key actions and highlight any changes to planned objectives and outcomes.

Table 12.1 – Universal and ‘Universal +’ SMART Delivery Plan Update

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
12.1.1	<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>	<ul style="list-style-type: none"> - Individual schools and colleges - Educational Psychology - Medway Public Health 	<p>The SAFE project has been further extended for the 17/18 academic year, working with 11 Medway secondary schools. http://www.imago.community/Children-and-Young-People/SAFE</p> <p>The SAFE pilot has been supported by input from Health for Learning, with courses offered to staff around emotional first aid.</p> <p>A schools Emotional Health and Wellbeing conference was hosted on 27 June 2017 to share good practice and information.</p> <p>An Outcomes Framework for schools based commissioning to be further developed as a quality framework, to support good commissioning by schools and help better purchasing. 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>Medway Public Health continue to provide PHSE and other proactive support, including:</p> <ul style="list-style-type: none"> -Teacher PSHE training - Relationships and sex education

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
				<ul style="list-style-type: none"> - Risk avert - Substance misuse - Extremism and radicalisation - Exploitation awareness - Parent workshops <p>Public Health is improving the standards of health and wellbeing for pupils and school staff through a number of training and support packages, network meetings and resources.</p> <p>Support around transition to secondary school is available for all Medway through parent and pupil workshops.</p> <p>Next steps –</p> <p>All schools will be offered Youth Mental Health First Aid training from November '17.</p> <p>Pilot of Schools for Health and Wellbeing will commence September '17. This uses a framework to evidence and implement a whole school approach to mental health and emotional wellbeing.</p> <p>The Charlie Waller Memorial Trust offers training for teachers and other professionals, and also to pupils and parents, through our whole school approach. The topics we cover include:</p> <ul style="list-style-type: none"> - Self-harm - Suicide - Exam stress - Depression

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
				<ul style="list-style-type: none"> - Anxiety - Resilience and coping skills - Eating disorders
12.1.2	Improve mental health awareness	<p>Local campaigns and promotion</p> <p>Better local promotion of national campaigns and initiatives</p> <p>Mental Health First Aid training</p>	<ul style="list-style-type: none"> - Medway Public Health - Educational Psychology 	<p>The Good Mental Health Matters (#GMH) campaign was promoted throughout Medway in the summer of 2016 (focussed at transition KS3 and KS4).</p> <p>The campaign included:</p> <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 during the summer holidays and 12 schools in Sept/Oct 2016. - Heart FM sponsorship of the campaign with radio ads and editorial coverage - A 'Good Mental Health' website www.goodmentalhealthmatters.com <p>Medway Council / CCG are exploring how to sustain the campaign and key messages going forward.</p>
12.1.3	Deliver information that is helpful to children, young people, parents and	Live it, Group Work and 'Friends' resilience training delivered by	<ul style="list-style-type: none"> - Medway Public Health - Educational Psychology 	See 1.1 and 1.2 above

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
	school staff.	Educational Psychology	<ul style="list-style-type: none"> - Medway Council - Medway CCG - NELFT 	
12.1.4	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	<ul style="list-style-type: none"> - Medway Public Health - Educational Psychology - Medway Council - Medway CCG - NELFT 	<p>A Workforce Development sub group (reporting through LTP governance) has been 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"> - A Workforce Needs Analysis commissioned in 2016 to ascertain the 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 Service to support staff development - Canterbury Christchurch University commissioned to deliver an action research based qualification through which teachers will develop, implement and research

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
				<p>interventions to improve speech and language in heir school</p> <ul style="list-style-type: none"> - 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 is also 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) <p>Under the new contract NELFT will offer:</p> <ul style="list-style-type: none"> - Training whole staff teams or smaller groups of pastoral & leadership staff - confidence building for live situations & increasing an awareness of the impact of adult behaviours. - Bespoke training covering self-harm, suicidality, anxiety, depression, bereavement & on request in depth, whole day training for groups of schools and staff, off-site - Regular & specialist consultations on complex cases with groups of pastoral & leadership staff

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
				- Regular clinical & reflective supervision with groups of pastoral staff & school leaders
12.1.5	Review, identify and promote best practice in relation to peer support schemes for older teenagers with a view to increasing the proportion of schools and youth settings offering peer support programmes.	Further development of existing peer support schemes e.g. Youth Wellbeing Community (Public Health and 'Friends' and associated group work (Educational Psychology)	<ul style="list-style-type: none"> - Medway Public Health - Educational Psychology - Medway Council - Medway CCG - IMAGO 	<p>The SAFE project (including core peer mentoring component) has been extended for the 17/18 academic year, working with 11 Medway secondary schools.</p> <p>http://www.imago.community/Children-and-Young-People/SAFE</p>
12.1.6	Improved support for children and young people during transition.	The development of a recovery orientated approach in local CAMHS services, including a multi-agency step-down from specialist mental health services	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	<p>The Medway YPWS will set clear goals when a young person enters the service, as well ensuring routine monitoring of outcomes. This approach will enable more active case management. Each young person entering the system will have a care co-ordinator who will ensure a smooth pathway with a clear discharge care plan or Care Programme Approach (CPA) for those transitioning into other services.</p> <p>A CPA/CETR meeting will be initiated as soon as possible after a young person is admitted to hospital in order to establish a joint working relationship with the inpatient provider and start planning for their discharge by trying to identify the protective support that could be mobilised to enable them to be discharged safely.</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2017 qualitative progress update
		<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 adult mental health services work to support positive transition through implementing transition protocols</p>		<p>The community team will effectively work with the inpatient team to keep the admission short. This will be made possible by them supporting and facilitating a gradual re-introduction into the community, as well as the offer of intensive post-discharge support to the young person and their family.</p> <p>See 1.1, 1.2 and 1.4 above.</p> <p>A Complex Needs Transition Panel has been established to identify and target children and young people with complex needs, transitioning from children's to adult services</p> <p>The Medway Young Person's Wellbeing Service model to include scope for supporting young people up to age 25, where this is clinically appropriate and Medway Council/CCG will work with the provider to implement the 2017/18 mandated CQUIN relating to transition.</p>

Table 12.2 – Additional/Targeted Support SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.2.1	A well resourced consultation offer from specialist mental health services in Medway, available by email and telephone for professionals from any agency who are concerned about the emotional wellbeing of a child or young person and need advice about the appropriate response	Integration and co-location of the CAMHS Tier 2 service and Single Point of Access (SPA) with the Medway Council Integrated Family Support Service (IFSS) locality teams and Children's Advice and Duty Service (CADS), providing specialist mental health support as part of a multi-disciplinary team around the family approach. The team will continue to be managed and clinically supervised by Sussex Partnership NHS Foundation Trust as part of the wider commissioned	<ul style="list-style-type: none"> - NELFT - Children's Social Services - Early Help - Educational Psychology 	The Medway YPWS Single Point of Access (SPA) will provide an effective front door for the service by providing advice, assessment and access to interventions to children and young people with emotional wellbeing and mental health needs. The SPA will consist of online and telephone services, providing one phone number, email address and referral form for consistency and visibility. It will receive and direct referrals, provide advice, consultation and support to referrers and other local services. It will be integrated with the Early Help network and will adopt the Team Around the Family approach helping to ensure easy access to a range of appropriate services based on need. The SPA will form an integral gateway for Medway Early Help, preventative, targeted and specialist children's services across Medway and ensure access to named clinicians with strong locality links and knowledge of local needs.

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
		service		
12.2.2	A single emotional wellbeing pathway into support at Level 2 and above. This should operate with assessment from qualified mental health practitioners to ensure identification of underlying needs and risks, followed by a multi-agency triage process to ensure access to the service best placed to meet need	Integration and co-location of the CAMHS Tier 2 service and Single Point of Access (SPA) with the Medway Council Integrated Family Support Service (IFSS) locality teams and (Children's Advice and Duty Service) CADS, providing specialist mental health support as part of a multi-disciplinary team around the family approach. The team will continue to be managed and clinically supervised by Sussex Partnership NHS Foundation Trust as part of the wider commissioned service	<ul style="list-style-type: none"> - NELFT - Children's Social Services - Early Help - Educational Psychology 	See 2.1 above
12.2.3	Elements of support	Development of	- NELFT	The Medway Tier 2 CAMHS function has been relocated on

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
	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	community based hub(s) for Early Help, linked to core triage and assessment service outlined above	<ul style="list-style-type: none"> - Open Road - Children’s Social Services - Early Help - Educational Psychology 	<p>an interim basis to the New Horizons Academy site which has been very well received by clinical staff and families. The move has led to a much improved environment for delivery of therapeutic interventions and a clear reduction in the number of DNA appointments</p> <p>NELFT propose to operate the YPWS from the following locations with a central hub and outreach services in the following locations:</p> <ul style="list-style-type: none"> • Chatham • Gillingham • Strood <p>These locations have been selected as they offer access to the service throughout the Medway area, not only by road but also via strong bus and rail links.</p> <p>NELFT will explore further opportunities for integrated working, touch-down arrangements and shared clinic facilities and are actively engaged in the development of Early Help / Family Support hubs.</p>
12.2.4	Multi-agency communications strategy to be developed and implemented in order to improve awareness of the different kinds of support available to	Multi-agency communications strategy to determine most appropriate means of disseminating information e.g. leaflets, advertising, web and social	<ul style="list-style-type: none"> - NELFT - Medway Council - Medway CCG 	Through the introduction and roll out of miLife, MyMind and REPRESENT (described in the main document above) the YPWS will offer modern, collaborative and innovative methods of engagement and actively seek feedback from young people and their families to inform the ongoing design and delivery of digital services.

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
	meet different emotional wellbeing needs and how and where the support can be accessed	media		
12.2.5	Review existing arrangements and communicate a clearly defined pathway for perinatal mental health, in line with best practice articulated in the refreshed 2015 NICE guidelines	<p>Develop and enhance partnership approach and pathway for perinatal mental health between maternity and health visiting services, CAMHS and adult mental health services</p> <p>Link to multi-agency workforce development plan (4.3) raising awareness among adult mental health services of the needs of pregnant women and new mothers and increasing skills and confidence among children's centres, midwives, health visitors and OTs in</p>	<ul style="list-style-type: none"> - Medway CCG - Medway Public Health - Medway NHS Foundation Trust (MFT) - Kent and Medway Partnership NHS Foundation Trust (KMPT) 	<ul style="list-style-type: none"> - Kent and Medway CCGs have been successful in securing funding from the National Perinatal Mental Health Development Fund to expand perinatal mental health services. Recruitment has been ongoing and is on track with workforce projections. Recruited posts include: nurses, administrators, occupational therapists, psychologists, and specialist consultants. - A screening pilot has been implemented at Medway Maritime Hospital which aims to identify individuals for perinatal mental health support, and ensure that they are referred appropriately in a timely manner. A review is due to be conducted after 6 months. - The Mother and Infant Mental Health Service specialist nurse has been working with numerous organisations to allow a direct referral pathway for service users once additional staff have been recruited. Currently, the pathway is delayed as all referrals must first go through the Community Mental Health Team. KMPT are hoping to introduce direct access by September. However, this has yet to be confirmed. - KMPT have secured funding to develop and implement training packages including Simulation Training. This will allow KMPT to deliver training to other local organisations that also support perinatal

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
		identifying and appropriately referring women experiencing perinatal mental health difficulties.		<p>mental health needs.</p> <ul style="list-style-type: none"> - KMPT have also been successful in a bid to provide an 8 bed mother and baby unit in Dartford, from April 2018.

Table 12.3 – Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.3.1	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>	<ul style="list-style-type: none"> - Medway Council 	<p>The Medway YPWS 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>NELFT will involve parents, carers, foster parents and children and young people directly in their care, taking responsibility for the provision of jargon free information about the nature of their problems and the different interventions and options available. In order to achieve this NELFT will work effectively with other agencies involved with the family, forming a Team Around the Family (TAF) where appropriate.</p> <p>NELFT will work with the family to agree the goal of interventions and provide written and clear assessments and intervention plans. If parents, carers and foster parents can better understand and manage their children's needs, this will promote family resilience.</p>
12.3.2	Children, young people and families receive support that	The development of a recovery-orientated	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	The Medway YPWS will set clear goals when a young person enters the service, as well

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
	promotes recovery and experience positive transitions through life stages	approach in local CAMHS services, including a multi-agency step-down from specialist mental health services		<p>ensuring routine monitoring of outcomes. This approach will enable more active case management. Each young person entering the system will have a care co-ordinator who will ensure a smooth pathway with a clear discharge care plan or Care Programme Approach (CPA) for those transitioning into other services.</p> <p>A CPA/CETR meeting will be initiated as soon as possible after a young person is admitted to hospital in order to establish a joint working relationship with the inpatient provider and start planning for their discharge by trying to identify the protective support that could be mobilised to enable them to be discharged safely.</p> <p>The community team will effectively work with the inpatient team to keep the admission short. This will be made possible by them supporting and facilitating a gradual re-introduction into the community, as well as the offer of intensive post-discharge support to the young person and their family.</p> <p>A Complex Needs Transition Panel has been established to identify and target children and young people with complex needs, transitioning from children's to adult services</p> <p>Commissioners will ensure close alignment with the objectives of the Kent and Medway</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
				<p>Transforming Care Plan, particularly for children and young people with complex needs including autism, LD and challenging behaviour and will support the development of a dynamic risk register of patients at risk of admission and initiate community based CETRs as appropriate.</p> <p>The Medway Young Person's Wellbeing Service model to include scope for supporting young people up to age 25, where this is clinically appropriate and Medway Council/CCG will work with the provider to implement the 2017/18 mandated CQUIN relating to transition.</p>

Table 12.4 – Vulnerable Groups SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.4.1	<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>	- NELFT	<p>The Medway YPWS will be dedicated to improving the outcomes of LAC, adopted children and care leavers. The service will work proactively with Medway Council and other relevant agencies to aid and inform:</p> <ul style="list-style-type: none"> - assessment, planning and review of therapeutic care needs - planning and preparation for transitions - the impact of moves upon children's well-being <p>NELFT will develop close working relationships with partner agencies, including Social Care and Early Help teams developing a shared understanding and language.</p> <p>Relationships will be built by:</p> <ul style="list-style-type: none"> - regular attendance at senior and operational management forums to ensure an exchange of organisational updates - facilitating consultation forums that are easily accessible to all teams - providing swift access to mental health consultation in relation to the management of a child/young

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
				<p>person's emotional needs</p> <p>This work will be extended to parents or extended family carers at the earliest stage possible, where the child/young person's care plan is rehabilitation home or moving to the care of extended family, in order to facilitate a positive transition</p>
12.4.2	<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>	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	<p>A youth offending worker is included within the Medway YPWS delivery model as an integrated member of the Youth Offending Team.</p> <p>The substance misuse staff within the YPWS will work in close partnership with mental health colleagues and where possible implement joint care planning to ensure a robust care plan with shared goals and outcomes.</p> <p>Agency shared training and support sessions will be offered to increase clinical knowledge and understanding of roles and appropriate interventions.</p> <p>Clear pathways will be established between the Medway YPWS and mental health providers and commissioners within the secure estate to ensure smooth transition to appropriate community support upon release.</p>
12.4.3	Multi-agency workforce	Review of existing training	- Medway Council	See 1.4 above in relation to the work of the

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
	<p>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>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 	<ul style="list-style-type: none"> - Medway Public Health - Medway CCG 	<p>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>Under the new contract NELFT will offer:</p> <ul style="list-style-type: none"> - Training whole staff teams or smaller groups of pastoral & leadership staff - confidence building for live situations & increasing an awareness of the impact of adult behaviours. - Bespoke training covering self-harm, suicidality, anxiety, depression, bereavement & on request in depth, whole day training for groups of schools and staff, off-site - Regular & specialist consultations on complex cases with groups of pastoral & leadership staff - Regular clinical & reflective supervision with groups of pastoral staff & school leaders

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.4.4	Design and commission specialist mental health service(s) to address the impact of trauma, post abuse, CSE and other mental health related issues based on the outcome of Medway Council/CCG service review (2015)	Inclusion within integrated Children and Young People's commissioning plans from October 2016 and building on existing commissioned programmes e.g. All Saints Children's Centre Art and Play Therapy programmes and Educational Psychology support for 'sad' events and critical incidents	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	<p>NELFT is acutely aware of the vulnerabilities in this group and the Sexual Trauma and Recovery Pathway is designed to assess, support and help these young people. NELFT will prioritise the triage and assessment of these vulnerable children.</p> <p>The Medway YPWS offer an integrated emotional wellbeing and support service for children and young people who have been subject to sexual abuse, children with sexually harmful behaviour and those children who are at risk of sexual exploitation.</p> <p>The service will offer holistic assessment approaches and interventions focussing on behavioural and developmental goals, engaging parents and carers.</p> <p>Treatment within the Pathway will be creative and flexible, with clinical staff trained in attachment related interventions and with a comprehensive understanding of complex trauma.</p> <p>Multi-agency working will be the norm with Medway YPWS clinical staff offering consultation, supervision, support and training to colleagues and carers. The maintenance of therapeutic and stable home environments will be crucial.</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.4.5	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	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	The Medway YPWS will provide a specialist pathway of support for children and young people with learning disabilities and/or neurodevelopmental disorders. The service will look to integrate effectively with community and paediatric services commissioned through the 0-19 child health services in 2017/18. The aim will be to reduce duplication, ensure swift access to clear pathways of support and improve pre/post diagnostic advice and support within the community, in partnership with schools, Early Help and children's social care. This approach will help build resilience in families and prevent escalation and crisis.
12.4.6	Design and commission an intensive support service within the community around positive behavioural support for children and young people with learning disabilities	Inclusion within integrated Children and Young People's commissioning plans for October 2016	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	<p>Scoping work has highlighted different cohorts of children, young people and families. Some aspects may be realistically met through the Medway YPWS, 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.</p> <p>Medway Council and CCG are pursuing a bid through the Life Chances Fund in relation to provision of additional positive behavioural support.</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.4.7	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	<ul style="list-style-type: none"> - Medway Council - Medway CCG - Kent CCGs 	<p>Kent and Medway CCGs have commissioned an all-age eating disorder service to work alongside the Medway YPWS. NELFT will be providing this service which is due to commence on 1 Sept 2017.</p> <p>Key components of the proposed new service will be:</p> <ul style="list-style-type: none"> - 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
12.4.8	Review practice against NICE	Inclusion within integrated	- Medway Council	The New Medway Young Person's Wellbeing

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
	guidelines for responding to the needs of children and young people affected by self-harm and identify evidence-based interventions to meet need	Children and Young People's commissioning plans for October 2016	<ul style="list-style-type: none"> - Medway CCG - Medway Public Health 	<p>Service model clearly 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.</p> <p>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</p>

Table 12.5 – Very Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2017 qualitative progress update
12.5.1	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	<ul style="list-style-type: none"> - NHS England Specialised Commissioning Teams - Medway CCG 	<p>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/south-east region.</p> <p>Medway Council and CCG are considering options for supporting children and families closer to home, through enhanced residential provision linked to education settings. These plans are expected to progress at pace in 2017/18.</p>
12.5.2	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	<ul style="list-style-type: none"> - NHS England Specialised Commissioning Teams - Medway CCG 	<p>The Medway YPWS will work closely with inpatient providers. The team will have the ability to work with young people and their families in their own homes, being seen on a daily basis if the need requires. NELFT will contribute to formal care co-ordination for children and young people using the care plan approach (CPA). The work will be aimed at crisis management, risk management, prevention of admission and, if the latter cannot be avoided, then the team will work</p>

				effectively with inpatient units to ensure a short stay in hospital with intensive post discharge follow-up.
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13 Risks to delivery

Medway's Local Transformation Plan and the launch of the Medway Young Persons' Wellbeing Service represent an ambitious change to local services. A comprehensive risk register has been established between NELFT and Medway Commissioners and will be monitored appropriately throughout the mobilisation and transition phase.

Key risk themes, have been identified, together with mitigation plans.

These include:

Risk category	Detail	Likelihood	Severity	Rating	Mitigation
Finance	Local Transformation Plan funding is reduced or removed during the lifetime of the contract.	4	3	12	Contract and Council/CCG financial contributions are underwritten through a Collaborative Commissioning Agreement. A reduction in funding would represent a shared cost-pressure.
Workforce	Key staff leave during transition to the new service model resulting in the loss of key expertise and institutional knowledge.	4	2	8	<ul style="list-style-type: none"> - Strong project methodology - Proactive engagement with staff through transfer - Encourage ownership of the model and understanding of the need for change - Maintain terms and conditions
Workforce	Delay in recruitment to key posts and ongoing recruitment challenges	3	2	6	<ul style="list-style-type: none"> - Positive and proactive recruitment strategy - Use of established

					bank staff arrangements
Wider service interdependencies	Key pathways are not in place on transfer and/or lack of buy-in and understanding from the wider health and social care system	3	3	9	<ul style="list-style-type: none"> - Awareness sessions and workshops with key staff and team during mobilisation - Transparent dialogue with commissioners of linked services - effective communication plan - Inclusion of emotional health and wellbeing pathway discussions with procurement of community paediatric and child health services
Service demand and capacity	Information emerges during mobilisation that challenges financial model and ability to deliver within the contract price.	3	4	12	As clarity emerges through the mobilisation / due diligence process, including the impacts on other NELFT support functions these will be re-costed and evaluated against the contract price.

14 Plan Sustainability

This Local Transformation Plan clearly articulates the whole system commitment to improving support and outcomes for children and young people's emotional health and wellbeing in Medway. The LTP and associated commissioning plans have received support at the highest level within Medway Council and CCG, including Cabinet, Health and Wellbeing Board, Children and Young People's Overview and Scrutiny Committee and Medway CCG's Governing Body.

The procurement of the Medway Young Persons' Service on the basis of a 5 year contract with the option to extend for a further 2 years, will help embed the identified service improvements and provide the stability required to enable the provider to invest in the service and absorb some of the risk associated with that.

Established Partnership Commissioning arrangements within Medway support the clarity of vision across health and social care and a signed Collaborative Commissioning Agreement between Medway CCG and Medway Council, further underlines the level of commitment and shared understanding in relation to joint working and funding.

15 Conclusion and Next Steps

The redesign and recommissioning of children and young people's mental health services in Medway and the launch of the Medway Young Persons' Wellbeing Service embodies the transformational change described in Medway's original Local Transformation Plan published in 2015.

The new service represents a huge opportunity to mould the specialist service to wider transformation in children's social care and Early Help services, as well as to improve pathways between other commissioned child health services.

NELFT will take over services in Medway from 1 September 2017 and very shortly after that a detailed internal consultation will be undertaken in relation to the planned service model and staffing structure. It is anticipated that some of the changes described in this document will be apparent from 1st September but the 1st April 2018 is the target date for full service transformation.

Significant preparation has taken place with schools, frontline children's services and allied health professionals to help them to understand the case for change and their respective roles and responsibilities as part of the wider continuum of support. There is much expectation but only by working together effectively as a whole system can we deliver the changes which our children and young people deserve.

The Transformation will continue to be subject to rigorous monitoring and evaluation and the governance processes described in this document will provide the scrutiny and oversight required to drive these changes.

Appendix 1 – Baseline activity data

The following provides an indication of current levels of activity within existing Children and Young People's Mental Health Services.:

Referrals to CAMHS Single Point of Access

Total referrals by month (6 months October 2016 to March 2017)

Month	Referrals
October	176
November	194
December	170
January	154
February	159
March	201
Total	1054
Monthly Average	176

Outcome of referral to SPA (based on 6 months data above)

Outcome of referral	Number	%
Sent to Tier 2 for assessment	352	33
Sent to Tier 3 for assessment	330	31
Sent to Looked After Children teams	49	5
Other (incl. signposting to Tier 1 / Universal)	323	31
Total	1054	100

Numbers on waiting lists (April 2017)**Tier 2**

Numbers on waiting lists	Number
Assessment waiting list	66
Treatment waiting list	70

Tier 3 (Excludes ASD/ADHD assessments)

Numbers on waiting lists	Number
Assessment waiting list	45
Treatment waiting list	30

Open Caseloads**Tier 2**

Month end	Cases accepted
October	65
November	54
December	50
January	54
February	62
March	67
Average	59

Tier 3

Month end	Caseload	Cases closed	Cases accepted
October	889	117	70
November	829	142	60
December	812	101	60

January	798	122	60
February	809	94	76
March	841	104	84
Average	830	113	68

CAMHS Children in Care (CiC) team

Number of C&YP on caseload	April 2017
Cases open at month end	71

LAC psychology (Oakfield)

Number of C&YP on caseload	April 2017
Cases open at month end	101

Gender profile (Tier3) – for patients open at any point during April 2017

Gender	Number	%
Male	487	52
Female	445	48
Not specified	3	0
Total	935	100

Age profile (Tier 3) – for patients open at any point during April 2017

Age range	Number	%
0-3 years	0	
4-10 years	61	7
11-15 years	520	55
16-19 years	354	38

20+ years	0	0
Total	935	100

Ethnicity profile (Tier 3) – for patients open at any point during April 2017

Stated ethnicity	Number	%
Asian or Asian British – Other Asian background	4	0
Asian or Asian British – Bangladeshi	2	0
Asian or Asian British – Indian	5	1
Asian or Asian British – Pakistani	0	0
Black or Black British – African	12	1
Black or Black British – Other Black background	5	1
Black or Black British – Caribbean	3	0
Gypsy or Irish Traveller	1	0
Mixed – other mixed background	4	0
Mixed – White and Asian	9	1
Mixed – White and Black African	9	1
Mixed – White and Black Caribbean	10	1
Not known	20	2
Not stated	61	7
Other ethnic groups – any other ethnic group	4	0
Other ethnic groups – Arab	4	0
Other ethnic groups – Chinese	0	0
White – any other white background	15	2
White – British	767	82
White – Irish	0	0
Total	935	100

Young Persons' substance misuse service – January to March 2017

- The Medway substance misuse service is currently engaging with 133 service users, 44% of service users were female and 52% were male
- 32% of service users were in the 13-14 age range; this age group continues to rise for quarter 4 there has been an increase of 6% compared to 2015/16
- 21% of service users were not in education, employment or training (NEET) this is an increase of 5% from 2015-16 data
- Cannabis and alcohol remain the main substances misused in Medway, for quarter 4 95% of young people reported using cannabis and 65% alcohol. Other substances disclosed were: cocaine, ecstasy, legal highs and solvents
- 10% of service users presented with self harming issues this is a significant decrease from 2015-16 where reported self harming issues was 30%

Appendix 2 – LTP Project Board Terms of Reference and Governance Structure

TERMS OF REFERENCE MEDWAY CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING LOCAL TRANSFORMATION BOARD

Purpose

The Medway Children and Young People's Mental Health and Wellbeing Local Transformation Board is a multi-stakeholder group designed and established to oversee the whole system transformation of emotional wellbeing in Medway. It has a specific role in overseeing the delivery of the Medway Local Transformation Plan and delivery of the Medway Young Persons' Wellbeing Service in accordance with the Terms and Conditions of the Collaboration Agreement between Medway Council and CCG.

Accountability

The Board will be accountable to the Medway Health and Wellbeing Board and Medway Safeguarding Children Board and will report to NHS England as directed. The individual members of the group are accountable to their constituent organisations through their established governance structures. The Board has delegated authority from Joint Commissioning Management Group to make decisions in relation to delivery of the Medway Young Persons' Wellbeing Service and associated Local Transformation Plan funded initiatives and projects at the discretion of the Chair.

Aims and Objectives

The aims and objectives of the Board are:

- i. To provide an environment for collaborative working and problem solving, focusing on priority issues impacting the delivery of whole system transformation for children and young people's emotional health and wellbeing
- ii. To provide strategic oversight and governance of the Medway Young Persons' Wellbeing Service under the terms of the Collaboration Agreement between Medway Council and CCG
- iii. Listen and respond to the views of children and young people and their parents and carers
- iv. Support the implementation of CYP IAPT principles throughout the Medway system

Key Functions and Responsibilities

- i. To provide strategic oversight of the Medway Young Persons' Wellbeing Service and other associated emotional health and wellbeing services/initiatives
- ii. To develop and review a system wide outcome dashboard for emotional health and wellbeing
- iii. To agree the annual Local Transformation Plan refresh and development of any associated commissioning plans
- iv. To review and assess progress against nationally mandated indicators linked to 'Future in Mind'

- v. To provide a strategic link to the Kent and Medway Sustainability and Transformation Plan and consider implications for children and young people's emotional health and wellbeing.
- vi. To ensure appropriate strategic interfaces with the Kent Transformation Board and associated commissioning plans are maintained
- vii. To contribute to Kent and Medway workforce development plans to ensure a appropriately skilled local workforce is developed and sustained
- viii. Support active and meaningful engagement with children and young people and their parents and carers around the development, delivery, commissioning and review of services
- ix. Receive updates from sub committees (as applicable)
- x. Provide update reports to the Medway Health and Wellbeing Board.

Chairperson(s)

Assistant Director of Commissioning, Business and Intelligence – Medway Council/CCG

Deputy Chairperson

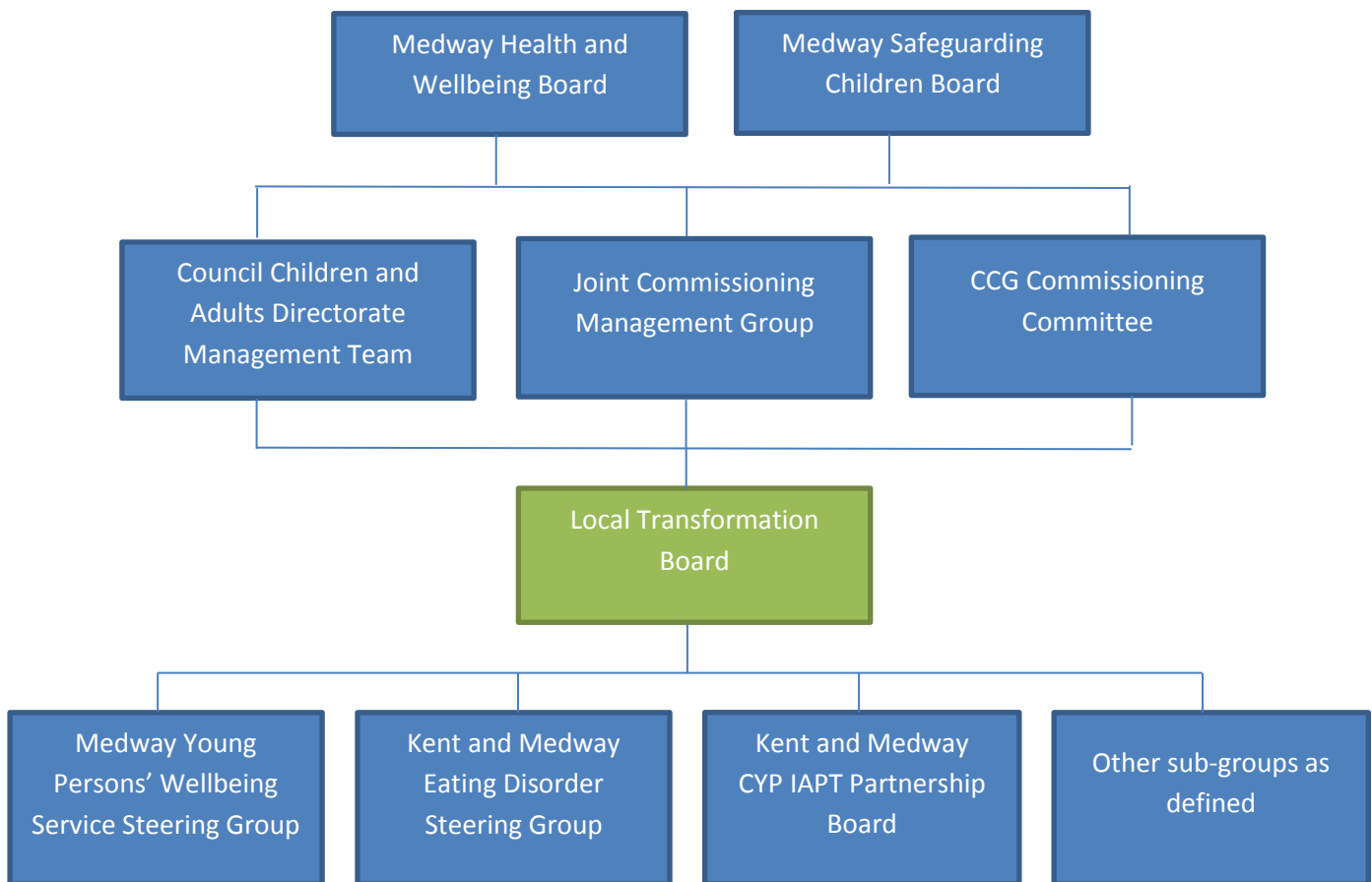
Head of Mental Health Commissioning – Medway CCG

Membership

Role	Organisation
Head of Children's Safeguarding	Council
Head of Early Help and Targeted Services	Council
Head of Mental Health Commissioning	CCG
Head of Children's (0-25) Partnership Commissioning	Council/CCG
Programme Lead – Children's 0-25 Targeted and Specialist Services	Council/CCG
Head of Public Health Programmes	Council
Operations and Delivery Manager	NHS England SSE
Integrated Care Director (or agreed representative)	NELFT

Members Will:

- i. Regularly attend meetings and in the event that they cannot attend, ensure a suitable senior representative is sought to deputise where possible
- ii. Support the Chairperson
- iii. Take actions relevant to them from each meeting and provide an update for the following meeting
- iv. Contribute to meetings
- v. As and when necessary, undertake specific items of work regarding the work of the group

Governance Structure**Frequency of meetings**

Quarterly

Quorum

A quorum for the group shall require commissioning and clinical representation from the CCG, Children's Services representative and Public Health representative

Notice of meetings

The final agenda, including all relevant papers, will be sent by the administrator to members of the group no later than one week prior to the meeting date.

Record of attendance

The names of the members present and apologies accepted will be recorded.

Secretariat

Partnership Commissioning

Review

These Terms of Reference will be reviewed again in April 2018

Glossary of Terms

A&E	Accident and Emergency
ADASS	Association of Directors of Adult Social Services
ADHD	Attention Deficit Hyperactivity Disorder
ARMS	At risk mental health state
ASD	Autistic Spectrum Disorder
BMI	Body Mass Index
C&YP	Children and Young People
CADS	Children's Advice and Duty Service
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CASH	Contraception and Sexual Health
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CETR	Care, Education and Treatment Review
CGAS	Child Global Assessment Scale
CHI ESQ	Commission for Health Improvement-Experience of Service Questionnaire
ChiMat	Child and Maternal Health Intelligence Network (Health Profiles)
CIC	Children in Care
CIN	Child In Need
CORC	Child Outcomes Research Consortium
CPA	Care Programme Approach
CPPD	Continuing Professional and Personal Development
CPD	Continuing Professional Development
CQUIN	Commissioning for Quality and Innovation
CSE	Child Sexual Exploitation
CTR	Care and Treatment Review
CYP IAPT	Children and Young People's Increasing Access to Psychological Therapies
DBT	Dialectical Behaviour Therapy
DDA	Disability Discrimination Act
DfE	Department for Education
DNA	Does Not Attend
DWP	Department for Work and Pensions
EH&WB	Emotional Health and Wellbeing
EHA	Early Help Assessment
EHC	Education and Health Care (Plan)
EIP	Early Intervention in Psychosis
FAS	Foetal Alcohol Syndrome
FE	Further Education
FFT	Functional Family Therapy
FGM	Female Genital Mutilation
Frameworki	Medway Council's Social Care Database

#GMH	Good Mental Health campaign
GP	General Practitioner
GUM	Genitourinary Medicine
HASCAS	Health and Social Care Advisory Service
HEE	Health Education England
HSCN	Health and Social Care Network
HoNOSCA	Health of the Nation Outcome Scale for Children and Adolescents
ICAN	Interactive CAMHS Assessment Network
IDVA	Independent Domestic Violence Advisor
IFSS	Integrated Family Support Service
IHAL	Improving Health and Lives
ISB	Information Standards Board for Health and Social Care
IM&T	Information Management and Technology
JCMG	Joint Commissioning Management Group
KCC	Kent County Council
KCHFT	Kent Community Healthcare NHS Foundation Trust
KMPT	Kent and Medway Health and Social Care Partnership Trust
KPI	Key Performance Indicator
LAC	Looked After Child
LD	Learning Disability
LDR	Local Digital Roadmap
LGA	Local Government Association
LTP	Local Transformation Plan
MARAC	Multi-Agency Risk Assessment Conference
MCH	Medway Community Healthcare
MDT	Multi-Disciplinary Team
MFT	Medway Foundation Trust
MH	Mental Health
MHA	Mental Health Act
MHD	Mental Health Direct (NELFT Out-Of-Hours service)
MSCB	Medway Safeguarding Children Board
NEET	Not in Education Employment or Training
NELFT	North East London NHS Foundation Trust
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
OCD	Obsessive Compulsive Disorder
PbR	Payment by Results
PDA	Pathological Demand Avoidance
PH	Public Health
PHOF	Public Health Outcomes Framework
PMHW	Primary Mental Health Worker
PoS	Place of Safety
PWP	Psychological Wellbeing Practitioner
QIPP	Quality, innovation, productivity and prevention
RtT	Recruit to Train
RCADS	Revised Anxiety and Depression Scale

RIO	Electronic Patient Records System (NELFT)
ROM	Routine Outcome Measure
S136	Section 136 of the Mental Health Act
SARC	Sexual Assault Referral Centre
SCR	Serious Case Review
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Need
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Order
SLAM	South London and the Maudsley NHS Foundation Trust
SPA	Single Point of Access
SPFT	Sussex Partnership NHS Foundation Trust
STP	Sustainability and Transformation Plan
TAF	Team Around the Family
TSAT	Thinking Schools Academy Trust
UASC	Unaccompanied Asylum Seeking Children
YMCA	Young Men's Christian Association
YOT	Youth Offending Team
YPWS	Young Persons' Wellbeing Service