

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

2018/19



Contents

1.	Introduction	1
	What has changed	1
	Governance	3
2.	Background	4
	Phased Delivery Plan	5
3.	Phase 1 – Needs analysis, service design and consultation	6
	Demographics	6
	Joint Strategic Needs Assessment	6
	Current assessment of need	6
	At risk groups	7
	Stakeholder consultation and engagement	9
	Service model design	12
4	Phase 2 – Procurement	14
4.1	Medway Young Persons’ Wellbeing Service Procurement	14
4.2	All Age Eating Disorder Service Procurement	15
5	Phase 3 – Service implementation and transformation	16
	Medway Young Persons’ Wellbeing Service	16
	Service implementation overview	17
	Practice development	20
	Crisis Support	21
	Early Intervention in Psychosis	23
	Access to the service	24
6	Innovation and engagement	25
6.1	Mind Fresh	25
6.2	Big White Wall	26
6.4	SAFE project	26
6.5	Early intervention in schools	26
6.6	Positive Behaviour Support	27
7	Data reporting and Measuring Outcomes	29
7.1	ICAN	29

7.2	Collection and analysis of data	30
7.3	Outcomes tools	30
7.4	Key Performance Indicators (KPIs) and service standards.....	30
7.5	Mental Health Services Dataset.....	31
7.6	Key Performance Indicators (KPIs) and service standards.....	32
7.7	Metric and Output data	42
8	CYP IAPT	45
8.1	Feedback shaping services.....	46
8.2	ROMs (Routine Outcome Measures)	46
8.3	Further improving user participation.....	47
8.4	Improving access to evidence-based psychological treatments	47
8.5	Training managers and service leads in change, demand and capacity management.....	47
8.6	Self-referral	48
9	Workforce Planning	49
	Local workforce Transformation.....	49
	Regional workforce development.....	51
10	Specialist commissioning	53
10.1	Collaborative Commissioning	53
10.2	Health and Justice	53
10.3	Care, Education and Treatment Reviews (CETRs).....	55
11	Finances	56
11.1	Medway Young Persons' Wellbeing Service	56
11.2	Kent and Medway All Age Eating Disorder Service.....	57
12	Delivery Plan Update (2017/18)	58
13	Risks to delivery	76
14	Plan Sustainability	79
	Appendix 1 – Activity data	80
	Appendix 2 – LTP Project Board Terms of Reference and Governance Structure.....	84
	Glossary of Terms.....	87

1. Introduction

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.

It proposed a radical rethink 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

This updated 2018/19 plan describes progress made against the objectives, plans and actions set out in in the LTP following the first full year of operation of Medway's Young People's Wellbeing Service.

What has changed?

1 Understanding

Medway Public Health has worked with 80% of Medway's schools to deliver staff briefings on issues such as dealing with anxiety, gender identity and self-harm. They also deliver Mental Health First Aid workshops. This is supplemented by the work of numerous voluntary organisations working in Medway, many commissioned directly by schools themselves.

Both the primary and secondary head teachers' associations have a standing item on emotional and mental health at their termly meetings, indicating that emotional health and wellbeing is now seen as core to schools' business, rather than the responsibility of certain members of staff. This has provided real impetus to incorporating mental health themes into schools' curriculum and consideration of what services best meet their pupils needs. There is a lot of demand from the local workforce for additional training and development around emotional and mental health.

What still needs to be done - better identification of what lies behind children's behaviour and emotional difficulties and early support to address them. YPWS, Children's community health services, Education Psychology and family services are developing a holistic preventative service in primary schools that will be transformational in terms of our SEN Plan of action.

2 Quality of support

All NELFT staff deliver IAPT compliant interventions. The new complement of staff in Medway's CAMHS service is highly qualified and bring experience in particular areas of work, for example trauma. The improved quality of management and supervision is already enabling the service to be more responsive and outcomes focussed; and colleagues across all services are appreciative of the availability and expertise of NELFT practitioners to support them in their work. This is especially true of colleagues working in the paediatric wards of Medway Maritime Hospital, where swift response from NELFT crisis workers has increased their ability to effectively manage the care of very ill children. The procurement

of an integrated children's community health service also adds breadth - school nurses will be able to support discharge for example; and we envisage close working where children have co morbidities.

What still needs to be done – the waiting list, for treatment in particular, is too long. Plans are now in place to reduce waiting times, which have such an adverse impact on accessibility and the effectiveness of the service.

3 Integration

Having a proactive, skilled YPWS in place has enabled much stronger partnership working, as providers make links to increase co location, joint working and joint training. MCH and NELFT are at the start of their working relationship, but vision is for as many integrated processes as possible and joint pathways for children whose medical conditions are linked with high levels of anxiety and/or depression.

We are also starting to see the potential of vertical integration, in particular the incorporation of substance misuse services within YPWS.

What still needs to be done – the development of pathways, particularly at the preventative level, which will enable specialist and non-specialist mental health workers to quickly access the right support.

4 Support for ASD, ADHD and children with learning disabilities

Two services (NELFT and MCH) have dedicated neurodevelopmental pathways, with specialist staff. This has been needed in Medway for a long time. A major training programme to embed Positive Behaviour Support techniques across the workforce and also enabling parents and carers to access this training will have a big impact. It will massively increase understanding of behaviour and how professionals respond to it; as well as involving families and the community in dialogue about how we as a system meet the needs of children with ASCs and learning difficulties. It is an important plank of our efforts to build strong support mechanisms for adults with ASD and LD, as part of the Transforming Care programme.

What still needs to be done – we are working to ensure a smooth transition between the two neurodevelopmental services (under and over 11); and also to establish good links to other community health services where there is co-morbidity.

The Government's Green Paper, "Transforming Children and Young People's Mental Health Provision" *outlines* a future where schools and mental health services will be better connected; where staff working in schools will be better informed and supported; and where waiting lists for treatment will be shorter. The work we are now starting to do with NELFT to build capacity in schools through workforce development and ensure swift and strong links into mental health services, will put Medway in a good position to benefit from the learning of early trailblazer (pilot) sites and develop its own proposal to be part of a future wave.

Governance

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 had oversight of the original plan in September 2015 and the Chair of the LTP Board ensures it receives updates in addition to its annual discussions of children and young peoples' emotional and mental health. The Joint Commissioning Management Group, which oversees the joint local authority and CCG commissioning in Medway, also receives updates on this plan, as do the Parent carer Forum and the Transforming Care Partnership.

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

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.

At the same time, 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'.

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. It was agreed that it was appropriate for Medway to submit its own Local Transformation Plan, reflecting the principles of the Emotional Health and Wellbeing Strategy, its outline delivery plan and the local needs and ambitions articulated within it.

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

In practice, this means that the STP is already explicitly involved in the development of cross border initiatives; and increasingly building a common approach where sensible; and ensuring mutual support and learning where full integration is less straightforward, as is the case with Medway, as a unitary authority.

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.

By 2021, we expect to Medway’s children and young people to have access to evidence based treatment, with minimal waiting time. The workforce in schools will be more confident in supporting children and young people with mental health needs and we will be routinely intervening early to provide support and prevent problems escalating. Clear pathways will be in place across all relevant services; and we hope to see a pro rata reduction in the severity and number of referrals to NELFT.

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

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 2018.

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 current issues presenting to the YPWS in Medway are:

- Anxiety
- Behaviour
- Emerging personality disorder
- Attachment
- Psychosis and at-risk mental state
- Deliberate self-harm and suicidal ideation
- Neurodevelopmental
- Prolonged bereavement problems, trauma and loss
- Substance abuse

At risk groups

Certain groups of children and young people were identified in the original Transformation Plan as being at increased risk of developing mental health problems. This section reviews progress to date. The groups identified as especially vulnerable to mental health problems were:

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. The original needs analysis called 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.

Medway's Young People's Wellbeing Service has a commitment to provide the specialist mental health and behavioural support services that looked after children are likely to need, following periods of maltreatment and/or neglect.

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. NELFT's experience to date is that Medway's looked after children have complex psychological needs; but that these are well within the skills and capability of their staff. We are working with social work managers, including the leaving care team, to ensure that looked after children are able to access services, particularly where challenging behaviours in adolescence, themselves a response to their experience, are impacting on placement stability.

- **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; and families with disabled children and 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).

MYPWS has a dedicated neurodevelopmental pathway, which has been augmented following the mobilisation period, as the numbers receiving and waiting for treatment were high. We are confident that this dedicated pathway will improve the care and support we are able to give children with a disability and their families.

- **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. MYPWS does not make specific provisions for children from a low income background; but it does recognise that some families may struggle to attend appointments in locations far from their homes and offers flexibility in appointments, as well as financial support to attend, where necessary. YPWS is also co-located with family support and early help social workers, who work to limit the impact of economic disadvantage.
- **Children and young people in contact with the criminal justice system:** Medway Youth Offending Team works 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.

MYPWS is providing support to the YOT in two ways: through the linking of the behaviour pathway lead to the YOT manager and their co-location on one of our youth centres; and through the health and justice dedicated support to CAMHS, managed alongside Kent. NELFT is also working with Medway's Inclusion service on a preventative project with schools to reduce exclusions from school and the social isolation and vulnerability that comes from that experience.

- **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. This group of children is recognised by YPWS as being at particular risk and additional support from community groups is always sought. Schools are also a valuable source of support for young carers.

- **Domestic abuse:** The Medway MARAC (Multi Agency Risk Assessment Conference) is the busiest across Kent and Medway and demand is increasing. The original Transformation Plan identified a gap in the services available for victims deemed to be at a lower level of risk, and the impact this is having on children and young people throughout the system. The YPWS specifically recognises the particular set of difficulties and challenges faced by children living in families where there is, or has been, domestic abuse. Their practitioners are able to offer a range of interventions to build resilience and reduce the risk of young people becoming victims or perpetrators in the future.
- **Young people who are NEET:** The latest data (June 2017) indicated 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.

MYPWS works with young people up to the age of 25, where they are already known to NELFT. It supports young people transition to adult mental health services and also to develop the skills for independence. It is working with Medway's Youth service to extend its reach and the number of young people receiving appropriate support for their vulnerabilities. Strong relationships have been built between NELFT and the provider of adult mental health services, with young people being supported to make the transition and reassessed at this point.

- **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.

MYPWS encompasses the substance abuse service for young people, so that treatment always takes account of clients' mental health needs. Close links to the youth service, as illustrated above, offer a route to more positive support and aspirations.

The ethnicity profile of YPWS users suggests a large number of children and young people do not want to divulge their ethnicity. Contract monitoring meetings are providing assurance that no groups are disproportionately failing to access treatment.

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.

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.

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

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.

The procurement and embedding of this service is critical to the success of Medway's transformation project. All of the preventative and wider service engagement work we want to develop depends on a strong, effective, IAPT compliant CAMHS service leading practice development and the establishment of pathways and joint service provision. This is consistent with feedback from all parts of the system, who recognize that access to evidence based clinical practice is crucial to improving mental and emotional health and wellbeing in Medway.

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 reprocurement 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.

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

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.

NELFT were also successful in the simultaneous Kent competition. This outcome means that Medway will enjoy the benefits of an autonomous Medway service, with greater opportunity to develop and flex the services to meet the needs of Medway children and young people and their families/carers, whilst maintaining important strategic links with the Kent CCGs, Kent County Council and other partner agencies on strategic issues.

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 provides the following improvements to service provision:

- 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

NELFT were successful in their bid to run this service also. In order to ensure stable implementation of the three services, the Eating Disorder Service went live on 1 April 2018. The contract is managed by East Kent CCG on behalf of all CCGs. Formal monitoring takes place quarterly.

The Kent and Medway all-age eating service delivers evidence-based practice and will sign up to the national quality improvement programme. 15 members of the team attended the national training to support the development of their confidence and skills to deliver evidence-based practice.

5 Phase 3 – Service implementation and transformation

Medway Young Persons' Wellbeing Service

The Medway Young Persons' Wellbeing Service (YPWS) 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

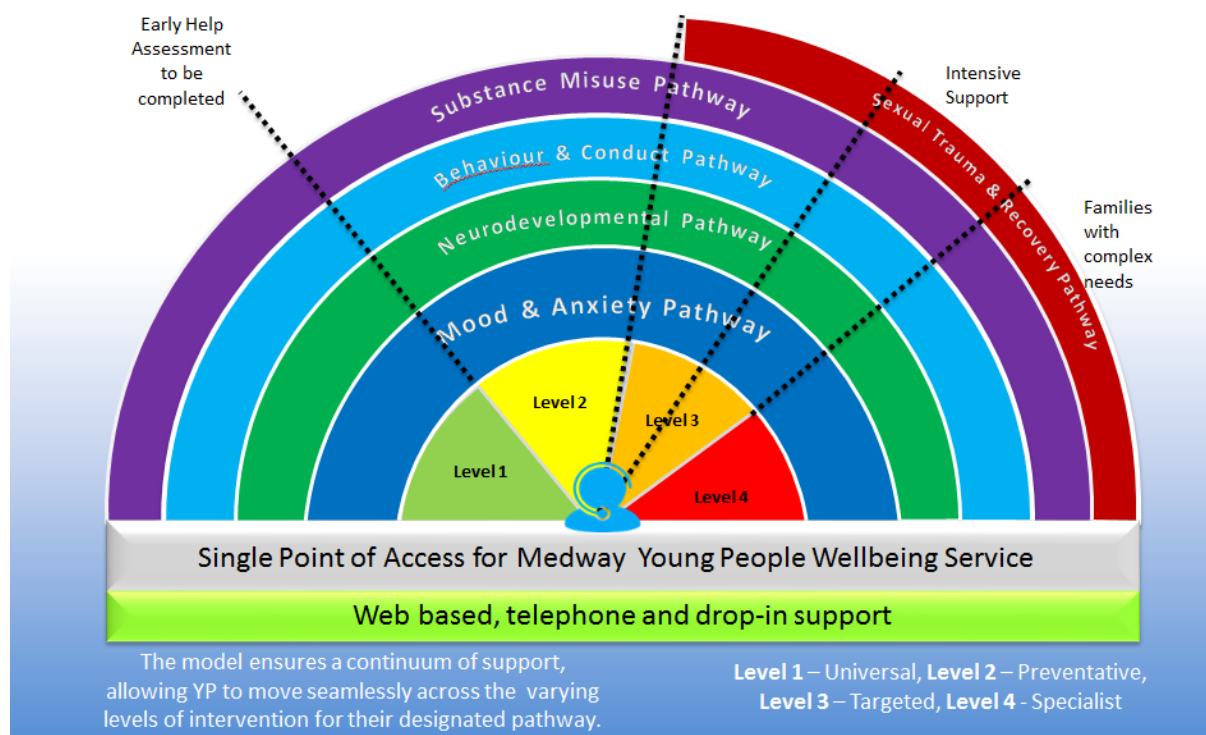
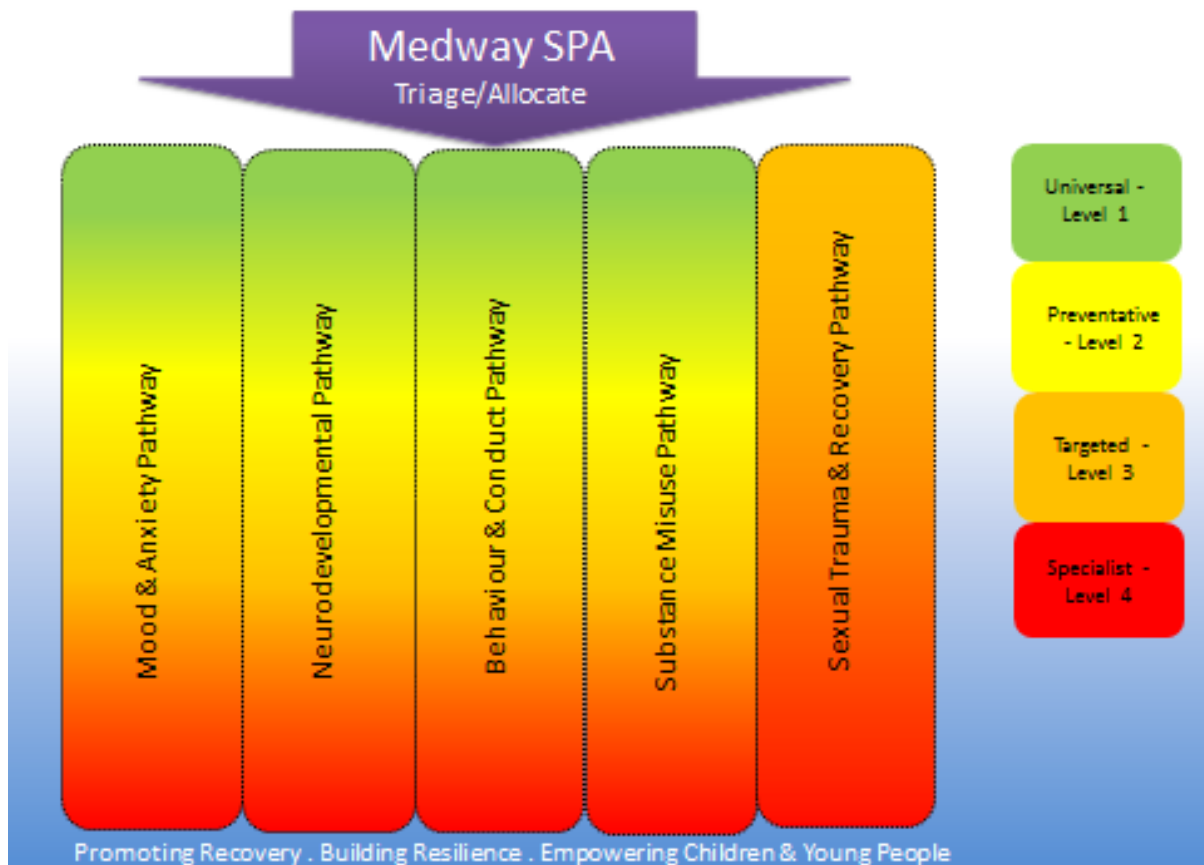


Fig 5.2 – Medway Young Persons' Wellbeing Service – Care Pathways



Service implementation overview

Following commencement of the contract on 1 September 2017, NELFT inherited approximately 300 staff under TUPE and 7000 patients across Kent and Medway. This included approximately 50 staff with a proportion of their time allocated to Medway and 1,200 Medway patients.

The focus of the first six months was very much on assuring the safe transfer of patients to the new service (including additional clinical review and assurance to address any irregularities or inconsistencies in patient records) and a formal 90 day consultation with transferring staff on what is quite a radically different service delivery model. NELFT sought, where possible, to minimise disruption and ensure 'business as usual' during this period. The service formally commenced under the new delivery model on 1 April 2018.

As a result of this consultation and analysis, NELFT proposed, and contract managers agreed, a slightly different mix of service pathways. The neurodevelopmental pathway is now joint with Kent, to enable additional and more senior expertise to be available to Medway children and families.

As a consequence of this period of inward focus, NELFT did not start to engage with the wider Medway system until the service had been operational for 6 months. Although unavoidable, this had a negative effect on perceptions of NELFT. From June 2018 onward, NELFT has developed partnership arrangements with a wide range of organisations in Medway, including:

- The Youth Service
- The Inclusion Service
- The Education Psychology Service
- School nursing service
- Paediatrics
- Early help service

This has underlined the importance of the partnership arrangements needed to underpin the YPWS.

Key areas of progress include the following activities undertaken by the YPWS:

Operational

- ✓ Issuing staff with mobile devices to enable agile working
- ✓ Training all staff on the use of RiO; an electronic patient record to offer care in a variety of locations
- ✓ Setup of a dedicated Medway only Single Point of Access (SPA), including acceptance of self-referrals
- ✓ Initiating a change in focus and emphasis to early intervention and support and a more holistic support offer for emotional wellbeing
- ✓ Creation of a single referral process rather than the traditional tiered levels
- ✓ Consultation with all staff to create a single workforce for Medway with a single Medway Team Manager and Senior Clinical Leads (Final interviews for senior staff appointments were completed by the end of March 2018)
- ✓ In-depth review of all patient records transferring from Sussex Partnership NHS Foundation Trust to provide full clinical assurance around care and treatment plans
- ✓ Establishment of formal sub-contract arrangements with Open Road (Young Persons' Substance Misuse provider) and regular contract meetings in place
- ✓ Consolidation of estates, including plans to vacate the Holcombe Grammar School site from 1 April 2018 and establishment of a fully integrated Medway team (including SPA) at The Courtyard, Gillingham Business Park. In tandem with this, NELFT are actively pursuing opportunities for hot-desking and shared clinical/contact space at Children and Families hubs and other suitable locations. NELFT are fully committed to plans for a mobile and agile workforce
- ✓ Early engagement with Medway young people through established networks
- ✓ Collaboration with KMPT in relation to improved transition pathways, including evidencing outcomes against the national transition 'CQUIN'
- ✓ Availability of 'Big White Wall' digital/on-line support licenses available via schools
- ✓ Active engagement with the 'New Care Models' work programme led by NHS England to ensure that the Tier 4 pathway to specialist inpatient care is streamlined.
- ✓ Submission of a bid to the Department of Health's 'Beyond Places of Safety' scheme in collaboration with Kent and Medway commissioners. (Current operational arrangements in relation to S136 and Place of Safety remain in place with KMPT)

Strategic Partnership Engagement:

- ✓ Building relationships with key partners including schools, KMPT, Medway Community Healthcare (MCH) and the Medway Safeguarding Children's Board
- ✓ Active membership of the Kent and Medway STP Mental Health and Digital sub-groups
- ✓ Attendance of every meeting of Medway Secondary Heads Association and Medway Education Leaders Association (primary heads)
- ✓ Engagement with the Kent and Medway STP Workforce Planning group
- ✓ Presentation at the Medway and Kent event 'Better Together - A Collective Conversation Transforming Mental Health and Wellbeing' Conference on 13 March 2018
- ✓ Stakeholder briefings issued quarterly
- ✓ Engagement with the CCG to improve unplanned care pathways
- ✓ Attendance at the Medway Acute Paediatric meeting with the commitment to attend further quarterly meetings to ensure a collaborative and partnership approach
- ✓ Participation in a network of providers of emotional support across Medway. The purpose of the network is to raise mutual awareness of each other's work and to enable NELFT to make good referrals. Commissioners are also likely to explore the potential for a platform for providers which would make it easier for schools to commission services – and have greater confidence about what they are purchasing. Most of the network members are from small, voluntary sector organisations and commissioners are working with NELFT to actively grow it

Transformation

With the service in place and embedded, and jointly with NELFT, we are moving on to the transformational elements of the Action Plan, turning ambitions into concrete agreements. Between April and September 2018:

- NELFT workers began operating from Medway's 4 family hubs on a regular basis. Running group sessions at these sites and participating in team meetings and case conferences is greatly increasing the accessibility of MYPWS and practitioners' ability to seek advice and provide a smoother, swifter and better service for our families.
- Further work has taken place to develop and enhance the required extended age range offer of 0-25
- Effective integration with Medway YOT has been established to ensure improved access and pathways of support. The Behaviour & Conduct pathway lead will represent the service at the Youth Justice Board
- Work has commenced to build capacity in schools by providing consultation and training to support staff regarding lower levels of emotional wellbeing need. This has been developed with the two head teacher groupings; and includes delivery of a twilight session to a head teacher leadership programme in October 2018.
- Roll out of the MINDFRESH APP (currently in pilot form) to provide additional information and support to children and young people as well as supporting and complimenting therapeutic interventions. The App will be linked to the RiO patient records system which provides greater opportunities to safeguard and assure any clinical application of the APP
- Introduction of the new forensic CAMHS service provided by Sussex Partnership NHS Foundation Trust (on behalf of NHS England), across Kent, Surrey and

Sussex, working alongside NELFT staff to enhance the support offered to children and young people with high level and complex presentations

The following areas requiring further focus and enhancement have been identified:

- *0-25 extended age-range* – to enable more supportive transition to adult services for vulnerable children and young people where clinically appropriate. This supports the delivery of SEND reforms
- *Early intervention and prevention* – more effective partnerships with schools, early help and other frontline services
- *Integrated service model with the Single Point of Access (SPA)* – although a SPA is in place, NELFT is looking to collaborate with other services to enhance its directory of services for use by the triage staff
- *Service user participation* – NELFT has begun to engage with children, young people and their families/carers in the design and delivery of services. This is still in its early stages, however NELFT is seeking to build on existing involvement in the design of materials. A young peoples’ inspection of NELFT’s will take place in the autumn of 2018.
- *Performance focus on outcomes* - NELFT is developing a simple means of measuring goal focused interventions. We are considering the possibility of using this tool throughout the system to measure mentoring and emotional support interventions.
- *GPs* - To enhance the working relationship between YPWS and General Practice.
- *Schools* – To work with school nursing, the Education Psychology Service and Public Health to align training offers around emotional and mental health in schools
- *Neurodevelopmental pathway* – Project underway to enhance the neurodevelopment pathway with community paediatricians, Education Psychologists, early years SEND and children’s therapists
- *Digital service offer* – Introduce MindFresh (see below) to Medway and develop information on the local offer.

Contract meetings occur monthly, timed so that we have the latest available performance data to hand. All of these service development issues are covered in contract and performance meetings. Regular and open dialogue has helped embed the service to the point where we are able to plan the activities that will tackle longstanding problems in Medway, such as linking social workers more closely to NELFT.

Whilst the LTP has made possible the bringing together of previously disparate and even competing services within the same single vision, we are all very aware that we are at the beginning of the transformation process. The contract monitoring meetings are always keen to hear views and have involvement from partners and other stakeholders. GPs have attended to observe and feedback; and the young inspectors will report to this meeting.

Practice development

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.

Setting clear goals at entry to the specialist service and monitoring of outcomes enables 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.

Each care pathway is clinically-lead, with leads operationally managing YPWS practitioners. The team manager/care pathway leads are 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 provides 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 is available, as well as liaison with medical or paediatric colleagues, where a child or young person has been admitted, in order to accelerate discharge.

The YPWS contract states that all clinical contacts that identify crisis are responded to within 4 hours at all times. This is largely being met; and where it is not, the 4 hour target is missed only narrowly. If crisis resolution home treatment would prevent acute admission it will be offered within 24 hours.

All care plans 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 are individualised and needs led, always promoting continued access to family and cultural support networks.

Close and collaborative working in crisis

The YPWS actively works with other organisations to meet young people's needs before, during and after a crisis. Where appropriate the YPWS leads on Care, Education and Treatment Reviews (CETR) in relation to inpatient admissions and in line with agreed Kent and Medway protocols.

The team works 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 assesses the young person's mental state, social circumstances, level of risk, past history, and any other relevant information. This informs the management and risk management plan. Each young person has a copy of their care plan and a crisis plan developed with them and their family/carer. The team works 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 NELFT ask that discharge should be collaboratively planned on the day of admission. The YPWS crisis team liaises closely with inpatient teams when admission cannot be avoided. YPWS clinical staff attend discharge planning meetings, risk assessment reviews and care planning discussions. Multi-agency working includes 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 are provided following discharge from hospital.

Crisis pathway model

The MYPWS crisis model comprises a dedicated team of clinicians that work on a rota based system covering a 24 hour period over 7 days. The team work across Medway and Kent 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 is available via the locality teams for young people on the team's caseload. The team is supported by a medical on-call rota with all YPWS Medway consultant psychiatrists taking part. There is 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.
- The service is fully accessible to children with physical disabilities, learning disabilities and ASCs, through strong partnerships with NELFT colleagues, medical practitioners and the skills and abilities of crisis service staff
- 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) offers 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 is completed and communicated.

The YPWS is 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

YPWS actively supports 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 also measures:

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, NICE compliant, Early Intervention in Psychosis (EIP) service for children and young people under 14 years is provided by NELFT.

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.

Access to the service

Medway's YPWS accepts referrals from practitioners, young people themselves and families and carers. NHS England has set a target of 32% in 2018/19 and 35% in 2019/20 for the percentage of young people in Medway accessing IAPT compliant treatment for their mental health needs. Medway is on course to meet this target, provided that providers in addition to NELFT are able to flow data to the requisite dataset. Support is in place to enable this to happen.

6 Innovation and engagement

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.

Through the introduction and roll out of Mind Fresh and other digital solutions, YPWS will offer modern, collaborative and innovative methods of engagement. NELFT will actively seek feedback from young people to inform the ongoing design and delivery of digital services.

Alongside digital solutions, Medway is also supporting innovations in relation to service integration and mentoring networks in schools. We have also begun to train over 200 practitioners in the wider children's workforce in Positive Behavior Support (PBS) techniques. PBS is an evidence based approach with proven effectiveness in supporting people who display challenging behaviours – and their families. It is an approach that seeks first to understand the reasons for the behaviour and then teaches a range of interventions and skills to increase quality of life and reduce the occurrence, severity or impact of behaviours that challenge.

Our approach to prevention is to:

- equip young people and their families and colleagues with the knowledge and support to recognize their emotional needs and support each other to talk about their feelings and seek help where necessary; and
- establish clear pathways, below the CAMHS threshold, that enable a wide range of services, both voluntary organisations that specialize in emotional health and wellbeing and statutory services that provide support to families and young people, to work together and support each other to support families and young people.

This is very dependent on the success of our workforce strategy, attached at appendix three.

6.1 Mind Fresh

The app (which is now available on the **Apple store** and **Google Play**) was created in partnership with young people, for young people, to empower them to make positive decisions concerning their mental health, and provides a vast array of resources as part of their support.

MindFresh is a technology solution to facilitate the access to health services (Emotional Wellbeing and Mental Health Services). It is designed to be a tools that facilitates direction to safe, trusted, quality assured self-help.

MindFresh (previously known as My Mind) has already received plaudits across the digital health sector, as it won the award for Digital Innovation at the 2017 NHS Digital Pioneer Awards.

The app was created to meet a growing need for better child and adolescent mental health care. In a future edition, the app will signpost users to approved advice and support, as well as enabling them to manage their recovery journey with appointment reminders and access to care plans, and has video messaging technology to encourage communication with their clinicians. Anyone can access the MindFresh webpage and its wide-range of resources available on the mobile app.

6.2 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.

6.4 SAFE project

Run by Imago, this project encourages young people to talk to each other and to seek help from national and local sources. It identifies a wide range of emotional wellbeing issues and asks young people to identify those that are of most concern, before delivering lessons and assemblies. SAFE have been very successful in developing networks of Ambassadors in Medway schools and this element of the project has helped to change their culture, as well as informing service development and priorities. It has historically been offered only to secondary schools but a primary pilot is now available.

<https://www.imago.community/Children-and-Young-People/Safe>

This service has been commissioned for Medway schools in 2018/19, in particular to develop a network of ambassadors in secondary schools and begin to offer support in primary schools.

6.5 Early intervention in schools

We have identified a need to work with a small number of primary schools who are concerned about issues such as anxiety, behaviour and family breakdown in relation to a large number of their pupils. We want to support the schools both by providing a holistic response from YPWS; school nursing; health visiting; Education Psychology; and early help to assess additional needs early and support schools to respond.

Additional funding to accelerate the work that NELFT, MCH and Ed Psychologists are doing to establish joint pathways and assessments will provide reassurance to schools in some of our most deprived neighbourhoods; and also a mechanism for correct and early identification of additional needs. Better identification is a priority of the SEND Action Plan and equipping staff in primary schools to deal with anxiety and behaviour is an expressed wish of the head teachers associations. This project will begin in autumn 2018.

6.6 Positive Behaviour Support

Schools and health practitioners are very keen to see a clear referral pathway to access support for children with very challenging behaviour. MYPWS and the children's community health service run by Medway Community Healthcare (MCH) are required to collaborate with each other and with statutory services to support these children and their families, but this will not on its own produce the transformational impact we want to see.

Medway has successfully bid for funding in 2018/19 to establish a specialist team that will work intensively with 20-25 children, young people and their families where a child or young person has ASD/LD and possible mental health difficulties and is exhibiting behaviour that challenges to such a degree that their continued inclusion within their family, school and community is threatened. The team would provide:

- comprehensive functional assessments of the children or young people's behaviour
- intensive, personalised, support for children and their families to understand triggers and the impact of environmental factors; reduce instances of challenging behaviour; and implement proactive and reactive strategies.
- ongoing opportunities for families to enhance practical and coping skills
- support for families, including siblings, around their own emotional wellbeing and resilience, including facilitating networks for parents to provide them with emotional, social and practical support and a route for flagging additional and/or unexpected problems
- Coordination with specialist providers of advice, support and evidence based interventions relating to the following:
 - Sleep difficulties
 - Continence
 - Dietary advice
 - Equipment and adaptations
 - Short breaks and respite for families of children with behaviour that challenges, to reduce isolation and sustain their ability to provide good support

- Timely access to specialist mental health practitioners for assessment, advice and ongoing support (in children with more severe learning disabilities, symptoms of anxiety can often be misdiagnosed as challenging behaviour).
- Particular support for families with adolescent children, to deal with the issues raised at this developmental stage as well as ensure that transition to adult support services and independent living is established

The PBS team will give focus, consistency and coherence to the work of all agencies. It will enable us to develop clear pathways and support networks across services and unlock existing capacity within those services.

PBS is not a single intervention or therapy. It is a multi-component framework for delivering a range of evidence based supports to increase quality of life and reduce the occurrence, severity or impact of behaviours that challenge. As such, it is important to us that this small specialist team is able to rely on – and support – other practitioners working with this cohort of children, and that we establish in parallel a common PBS approach across Medway, so that families and children are able to access support easily, especially as life and circumstances change.

This will be achieved through a training programme, also being delivered by March 2019, to introduce 200 practitioners and families/carers to PBS and equip them with the skills to understand the principles of PBS and reinforce specialist practice.

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.

NELFT 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. There are clear reporting processes and standards and YPWS systematically collects 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

YPWS 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 operates 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 is developing an appropriate internal infrastructure to collect and upload clinical data. This is a significant additional requirement of practitioners, but one which they welcome and have adopted quickly. Data is used in real-time to guide treatment and monitor progress towards treatment goals, guide treatment and supervision; and to inform service improvements and delivery.

This system is especially important in managing throughput and in particular giving pathway leads ownership and accountability for that process. In addition, NELFT have calculated trajectories for waiting times using these real time data, which has enabled us to plan its reduction with confidence.

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.

Some qualitative KPIs, ie 1, 2, 3, 4, 5 and 14, required measurement tools to be developed, which means that they will start reporting in October 2018. All others are being monitored bi-monthly as part of contract and performance monitoring.

As at autumn 2018, we are about to agree targets for KPIs with NELFT, having now gathered 6 months of performance data against which to baseline.

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.

The principle issue, as of autumn 2018, is the number of children and young people awaiting treatment. This is a function of inherited issues, including the need to urgently assess and treat 200 cases where the children were looked after and therefore presented with complex issues.

7.5 Mental Health Services Dataset

NHS England has committed to expanding access to children and young people's mental health services so that nationally by 2020/21, 70,000 more children and young people are accessing services each year (compared to 2015/16). Implementing the Five Year Forward View set out an indicative trajectory to achieve this, and CCGs have planned increased access rates in order to meet this trajectory over the period to 2020/21. The indicative national figure for 2017/18 is that 35,000 more CYP are in treatment, or 30% of estimated prevalence. The process for monitoring this is through providers submitting data via the Mental Health Services Dataset (MHSD).

To gain a picture of the number of CYP accessing treatment, NHS Digital conducted a one-off Strategic Data Collection during May and June of 2018. Figures have now been validated by NHS Digital and Medway's 2017/18 performance was 35%, meeting target. Continuing to meet the target depends on MCH, the new provider of neurodevelopmental services to under 11s, begins to flow data as soon as possible. This is expected to happen before the end of the year. Flowing these data is not straightforward, especially for providers whose main business is not mental health, such as MCH, but Medway has benefitted from the support of regional colleagues and particularly those in Kent in resolving technical issues and establishing a clearer picture of access to mental health services.

Progress toward meeting the target is monitored at monthly contract monitoring meetings and also by Medway CCG.

This data set also applies to the Eating Disorders service, where there are ongoing technical issues preventing this data flowing. These are being resolved.

7.6 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</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 	<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>valued throughout the process.</p> <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>relationship with the clinical team working around them</p> <p>v. 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>Outcome</p> <p>2. Children and young people are supported to feel confident and to</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>Self-reported measure of increased confidence e.g. via RCADs (or via</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
develop their own goals based outcomes.		<p>Targets to be set for Period 3 onwards based on improving on the baseline:</p> <p>Expectation is that service user satisfaction will increase as the new model is fully implemented.</p>	survey in KPI 1 above)	
<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 	<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	<ul style="list-style-type: none"> • 12 + weeks Referral to routine treatment 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</p>	<p>KPI 4 - Number and % of C&YP:</p> <p>i. using self-help tools and resources to improve their</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>Self-reported measure of increased confidence e.g. via RCADs (or via</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
emotional resilience and confidence.	ii. emotional resilience who state that they have an increased level of confidence to participate in meaningful activities following support from the service iii. who state that they have an increased confidence and ability to make and maintain positive friendships	Targets to be set for years 2, 3, and onwards based on improving on the baseline: Expectation is that evidence of self-help and resilience will increase as the new model is fully implemented.	survey in KPI 1 above)	
Outcome 5. Children and young people experience improvements in their emotional wellbeing and mental health	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) KPI 6 - Reduction in the number and % of C&YP	Improvements in Outcomes. Baseline to be established in Period 1 and 2.	Use of RCADS / SDQ / CGAS and other appropriate tools for paired scores. Commissioner and provider to work together to establish	After first 6 months of service launch and quarterly thereafter.

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
using appropriate clinical measures.	children re-presenting to the service	Targets to be set for years Period 3 onwards based on improving on the baseline.	the most effective way to report on and measure aggregated outcomes.	
<p><u>Outcome</u></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><u>Outcome</u></p> <p>7. There is a reduction in the number of children and young people who are admitted to</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>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</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
Tier 4 hospitals for mental health		Targets to be set for Period 3 onwards based on improving on the baseline.		be able to report to the commissioner on issues arising from CPA/CETR processes and discharge dates/plans.
<p><u>Standard</u></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</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>	Monthly activity report.	After first 6 months of service launch and quarterly thereafter.

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
	<p>of hours</p> <p>ii. No. and % of those presenting assessed within 4 hours of referral</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 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>		
<p><u>Standard</u></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</p>	<p>KPI 11 - DNA rate measured through aggregate of:</p> <p>i. total number and % of 1st appointment DNAs by service user and</p> <p>ii. total number and % of subsequent appointment DNAs by service user</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 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>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
technologies where appropriate				
<p><u>Outcome</u></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 report</p>	<p>After first 6 months of service launch and quarterly thereafter.</p>
<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>	<p>Baseline to be Established in Period 1 and 2.</p> <p>Targets to be set for Period 3</p>	<p>Patient / Family Questionnaire</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
	<ul style="list-style-type: none"> i. Offending ii. Unsafe sex iii. Self-harm iv. Sexual Exploitation 	onwards based on improving on the baseline and/or national average (depending on baseline position)		

7.7 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 / CETRAs in place for Tier 4 admissions	

8 CYP IAPT

CYP IAPT is a national CAMHS transformation programme. 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 is 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).

The London and South East CYP IAPT Collaborative has supported us in promoting the use of evidence-based practice and Routine Outcome Measures (ROM), through two sets of workshops held between June and October 2017.

The Kent and Medway CYP IAPT Partnership has thirteen members of staff from provider organisations currently undertaking Therapist and Supervisor training through University College London and King's College London. In addition, seven Therapists who began training in the previous year's cohort are now in their second year of training, with three Supervisors and two Leadership training candidates having completed their training in late 2017.

In summer 2018, Kent and Medway were successful in our application for 8 places on the Recruit to Train scheme; and an additional 4 places on the Children's Wellbeing Practitioner scheme. NELFT is the employing organisation and these practitioners will fill vacancies in NELFT on completion of their training.

8.1 Feedback shaping services

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.

A Young People's Advisory Group, which has already been established in Medway, will act as an advisory group, ensuring young people's voices are heard at Board and local level and advising NELFT on participation and engagement activities locally. This information forms part of the monthly performance reports reviewed by Trust Board.

NELFT will additionally establish participation groups in Medway, co-designed by young people. These will range from specialist groups formed of looked after children and children with disabilities; to family participation days in community settings; and working groups to help design digital solutions and advise on raising awareness of the service.

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, 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

In Medway, NELFT is already working closely with Public health, the Education Psychology Service and others to ensure that workforce development in Medway meets these standards.

8.6 Self-referral

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

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.

Medway commissioners are working with colleagues in Kent and across the southeast to implement a children's Transformation Workforce Strategy and action plan. Kent and Medway CCGs have jointly recruited a project manager to lead on this work. The Strategy is attached at Appendix three. We currently estimate that Kent and Medway will need to recruit an additional 240 mental health posts, both clinical and non-clinical, over the next few years.

Locally, 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.

Local workforce Transformation

NELFT

The new staffing model has been 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.

Staff have undergone 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).

NELFT regularly monitors workforce data, profiling headcount, skill-mix, qualifications, demographics and turnover through its business intelligence tool (MIDAS); and 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 an ongoing basis, NELFT seeks to ensure that 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

- The ability to attract and retain suitably qualified, experienced and competent staff to deliver safe, high quality services – with consideration given to the use of incentives where necessary
- Achieving and maintaining a positive employee relations environment
- Covering risks and uncertainties including business continuity planning

The Medway team is now fully staffed, primarily with permanent staff. Where there are vacancies, these are covered through locums. Substantial use has been made of seconded staff from elsewhere in NELFT in the six months since April 2018, which has proved beneficial in terms of culture change and the embedding of new management practice and processes.

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.

Wider Medway workforce

The MYPWS has always been conceived of as the most significant provider of emotional and mental health services in Medway, but in the context of significant interdependency with other providers. This is a complex picture in Medway, with much of this additional provision not commissioned from a single source and a great deal of variety in terms of its content.

There is, however, a big appetite to work together among all agencies and the following actions are underway to develop deeper understanding of children and young people's emotional wellbeing; the contribution that each organisation is making – and how to reinforce each other's work; increase capacity within our system; and develop joint pathways and protocols involving practitioners from a range of organisations.

Provider network: a quarterly meeting of providers from the voluntary and statutory sectors. This is an opportunity to network and share information about their work, leading to joint working. This group advises on local workforce needs and also on the needs being expressed to them by schools, GPs and families. This in turn becomes commissioning intentions. The group assures us of commonality of practice and philosophy and enables NELFT to develop excellent communications with the organisations to whom they need to signpost their clients.

Joint training plan: Public Health, the Education Psychology Service, NELFT and MCH have committed to working together to align their workforce development programmes in schools, to provide a menu of options and ensure wide coverage

Canterbury Christ Church University has in the past delivered masters level action learning modules around using speech and language techniques to develop better emotional health.

The Youth Service: is working closely with NELFT to develop the mentoring and intervention skills of its workers, so that they are equipped to support vulnerable young people most at risk from gangs, sexual exploitation, substance abuse and social isolation. They are able to access guidance and advice from NELFT practitioners and escalate cases when necessary.

Positive Behaviour Support: Medway is currently training 200 practitioners from across the children's workforce and also parents and foster carers in basic PBS techniques. In addition, MCH is setting up a team within its behaviour pathway which will receive advanced PBS training and hold caseloads where they work intensively with children and their families to understand the function of behaviour and develop strategies for lessening its severity and frequency. This team will work virtually with practitioners from family support, early years and YPWS, who will also receive this specialist training and offer an intensive, bespoke intervention. This has been a need for some time in Medway and continuing support for the coordination of the specialist workers and refresher training will be an LTP priority in future years.

Head Teacher Leadership Programme: MYPWS is participating in delivery of a session on behaviour and emotional wellbeing as part of a leadership programme focussed on inclusion. This is an opportunity to influence thinking and practice among the school leadership group in Medway and develop ideas about interventions and further staff development.

Family hubs, in which NELFT workers are based, are an additional focus for workforce development which we are seeking to develop.

Outcome measures: We are considering the possibility of adopting the same measurement tool for all interventions around emotional wellbeing conducted by practitioners across all services.

Regional workforce development

In February 2018 we held a CYP emotional wellbeing and mental health Workforce Design Workshop with providers and commissioners from the Health, Social Care and Voluntary sectors across the South East. Our purpose was to bring together system leaders across the South East to begin to develop a CYP emotional wellbeing and mental health workforce strategy, recognising not only the increasing demand and pressure on provider services but also to collaborate to find solutions to the recruitment, retention and sustainability issues experienced both locally and regionally.

We have developed a multi-agency workforce plan in collaboration with commissioners and providers across Kent, Medway, Sussex and Surrey. We have submitted our workforce plan

to Health Education England (HEE) and NHS England. Our plan includes growing the CYP clinical workforce by 55 staff, and an additional 4 staff by 2020/21. CYP IAPT is, and continues to be, embedded across the workforce. Our CYP mental health workforce programme includes a focus on training both existing and new staff in evidence-based practice in line with CYP IAPT's principles.

Phase 1 of our workforce review is focussing on services commissioned by Health and/or Social Care to provide an emotional wellbeing or mental health intervention for children and young people from birth to 25. Phase 2, which will begin in 2019, will extend to the workforce in areas out of scope in Phase 1, to include: inpatient services, forensic services, schools, families and communities.

To support our workforce planning, we have identified a workforce audit tool 'The Matrix' which was developed by the Oxford Academic Health Science Network (AHSN) for NHS England for Early Intervention Psychosis (EIP). The tool was developed iteratively over 2 years and delivered and reported on the following 5 components: demand, capacity, workforce, performance and outcomes. The tool was then adopted and rolled out nationally. The tool has also been adapted for working with perinatal services (a wider range of services than EIP) across the Thames Valley area. We are undertaking an iterative software development process to ensure the tool meets our needs. Initially we worked with 8-10 providers across the South East to collectively develop the tool.

In May 2018 we held a Kent and Medway Workforce Launch Workshop with good attendance from Health and Social care, and the voluntary sector. This gave a further opportunity for the system to provide feedback on the workforce audit tool.

The workforce audit tool is now ready for roll out and completion across our children's emotional wellbeing and mental health provider services, and they will be completing this work during summer 2018. Using their submissions, we hope to establish a detailed baseline of our current workforce, their profile, skills and supervision responsibilities. Running in parallel to this audit, we will attempt to populate the tool with demand information (referrals, caseload etc).

10 Specialist commissioning

10.1 Collaborative Commissioning

Medway and Kent are committed to establishing strong collaborative relationships with NHS England and CCGs 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, which supports collective solutions where these are identified as appropriate.

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

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 has linked the head of the behaviour and conduct pathway with Medway YOT to help develop these opportunities further, develop a good understanding of the YPWS patients on the YOT caseload; and be a source of advice and support for YOT staff. His role comprises:

- Being the YOT contact in NELFT and the senior practitioner that they would work with on initiatives and service improvements;
- To lead on all of the NELFT casework relating to YOT young people;

- Being based in and round the Strood youth hub, in order to see young people at their appointments there and get to know other staff working with this group of young people.
- Ensuring that young people involved with Medway YOS will have improved access to psychologically informed interventions.
- Rolling out the new regional FCAMHS service that will be available for young people with mental health issues and offending in the SE.
- Implementing the national Secure Stairs programme to support transitions into and from the CYP secure estate.

This worker also leads on the implementation of Trauma Informed Practice in Medway, which is the Kent and Medway response to the Health and Justice initiative. This recognises the particular set of emotional needs that young people in the YOT caseload are likely to have; and provides welcome upskilling for staff working there. As referenced in the workforce chapter above, we are working hard to align outcome measures and enable practitioners in different agencies to reinforce each other's work.

A Medway 'Working Together Probation Protocol' has been established. It aims 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 a '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.

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 2018/19 NHSE LTP funding allocation of £1,016,989, this leaves a discretionary allocation of £190,797, the utilisation of which has been agreed by the LTP Board. Allocations set out in Table 12.2.

Table 12.2 – Medway LTP – 2018/19 investment breakdown

Interim Programme	Allocation (£000)
Whole system transformation commissioning support	60
Wider workforce development (schools)	30

SAFE (Schools peer mentoring programme)	24
Residual costs, conference, MHSDS consultancy support	6
Additional funding to NELFT to reduce waiting lists	70
Total	190,000

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

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 2018 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>PH programmes</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 - MYPWS 	<p>1 The SAFE project has been further extended for the 18/19 academic year, working with 11 Medway secondary schools.</p> <p>2 Medway Public Health continue to provide Youth Mental Health First Aid and other proactive support, including:</p> <ul style="list-style-type: none"> -Teacher PSHE training - Relationships and sex education - Risk avert - Schools for health and wellbeing - Exploitation awareness - Parent workshops <p>3 All schools will have a linked school nurse, who will be a first, and accessible, first point of contact on all aspects of health and wellbeing for pupils and staff.</p> <p>4 YPWS is setting up a consultation line for schools, to be run with Medway’s Education Psychology Service, in autumn 2018</p> <p>5 A leadership programme focussed on improving inclusion is ongoing and YPWS are contributing to it.</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2018 qualitative progress update
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 - YPWS 	<p>1 In addition to the work described above, Public Health offer signposting to digital sources of support and national campaigns</p> <p>2 YPWS support themed events in schools around emotional health and wellbeing</p> <p>3 YPWS also meet Medway Youth Council regularly, to talk about mental health as it affects young people directly</p> <p>4 YPWS also host MindFresh, which signposts to sources of accredited, quality support online; and regularly meet SENCOs, to provide clarity about the local offer and discuss effective approaches</p> <p>5 The Good Mental Health Matters (#GMH) campaign was promoted throughout Medway in the summer of 2016 (focussed at transition KS3 and KS4).</p>
12.1.3	Deliver information that is helpful to children, young people, parents and school staff.	Live it, Group Work and 'Friends' resilience training delivered by Educational Psychology	<ul style="list-style-type: none"> - Medway Public Health - Educational Psychology - Medway Council - Medway CCG - NELFT 	<p>1 YPWS are working with Medway Council's Young People's Advisory Group on emotional health and wellbeing, who will advise on how best to engage young people</p> <p>2 A project that will deliver bespoke solutions to infants school though collaboration will begin in autumn 2018</p> <p>3 We are in discussions with Mid Kent College to establish a wellbeing hub there, which would be a base for a range of services helpful to this group of pupils</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2018 qualitative progress update
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>1 YPWS will coordinate with the Education Psychology Service, MCH and Public Health to offer training to whole staff teams or smaller groups of pastoral & leadership staff</p> <p>2 As above, a joint consultation service with the Education Psychology Service will be piloted from autumn 2018, offering regular & specialist consultations on complex cases with groups of pastoral & leadership staff</p>
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	<ul style="list-style-type: none"> - Medway Public Health - IMAGO - Youth Service 	<p>1 The SAFE project has been extended for the 18/19 academic year in part to undertake this work with schools, working with Public Health and the Youth Service.</p>
12.1.6	Improved support for children and young people during transition.	The development of a recovery orientated approach in local CAMHS services,	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	<p>1 Medway YPWS sets clear goals when a young person enters the service, as well ensuring routine monitoring of outcomes. Each young person entering the system has a care co-ordinator who will ensure a smooth pathway with a</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2018 qualitative progress update
		<p>including a multi-agency step-down from specialist mental health services</p> <p>Schools and colleges to work with children and young people on preparing for transition from primary to secondary schools and from secondary school to college</p> <p>Children's and adult mental health services work to</p>		<p>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>2 See 1.1, 1.2 and 1.4 above.</p> <p>3 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>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2018 qualitative progress update
		support positive transition through implementing transition protocols		The Medway Young Person's Wellbeing Service model supports young people up to age 25, where this is clinically appropriate and Medway Council/CCG is working with the provider to implement the 2017/18 mandated CQUIN relating to transition.

Table 12.2 – Additional/Targeted Support SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 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	Single Point of Access	- NELFT	1 The Medway YPWS Single Point of Access (SPA) provides 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 provides one phone number, email address and referral form for consistency and visibility. It receives direct referrals, provides advice and support to referrers and other local services. It is becoming better integrated with the Early Help network in order to be able to signpost to additional or alternative services more effectively...
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	Integration and co-location of the CAMHS Tier 2 service and Single Point of Access (SPA) with the tier 3 service.	- NELFT	2 See 2.1 above

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
	underlying needs and risks, followed by a multi-agency triage process to ensure access to the service best placed to meet need			
12.2.3	Elements of support at Level 2 to be structured around and based within schools and community hubs – potentially with the facility to screen self-referrals and drop-in contacts and either respond directly or arrange onward referrals	Development of community based hub(s) for Early Help, linked to core triage and assessment service outlined above	<ul style="list-style-type: none"> - NELFT - Open Road - Children's Social Services - Early Help - Educational Psychology 	1 YPWS has a base in each of the family hubs in Medway, as well as the youth hub.
12.2.4	Multi-agency communications strategy to be developed and implemented in order to improve awareness of the different kinds of	Multi-agency communications strategy to determine most appropriate means of disseminating information e.g. leaflets, advertising,	<ul style="list-style-type: none"> - NELFT - Medway Council - Medway CCG 	Through the introduction and roll out of Mind Fresh, (described in the main document above) 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 2018 qualitative progress update
	support available to meet different emotional wellbeing needs and how and where the support can be accessed	web and social 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,</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

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
		midwives, health visitors and OTs in identifying and appropriately referring women experiencing perinatal mental health difficulties.		<p>other local organisations that also support perinatal 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 2018 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 - YPWS - Family hubs - Children’s social care 	<p>1 NELFT involves 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. NELFT works with families 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> <p>2 PBS training will have significant take up by parents and carers.</p> <p>3 NELFT’s presence in family hubs is helping family workers access advice and support in their work with vulnerable families to build resilience and develop the skills they may need</p>
12.3.2	Children, young people and families receive support that promotes recovery and experience	The development of a recovery-orientated approach in local CAMHS services,	<ul style="list-style-type: none"> - MYPWS 	<p>1 The Medway YPWS sets clear goals when a young person enters the service, as well ensuring routine monitoring of outcomes. A goal based approach empowers the young</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
	positive transitions through life stages	including a multi-agency step-down from specialist mental health services		person; and supports the intention to start planning for discharge at the outset. Discharge planning, and a clear shared sense of what resources are available to a young person once their treatment is over, is essential and is being developed

Table 12.4 – Vulnerable Groups SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 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>	<ul style="list-style-type: none"> - 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

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
				<p>management of a child/young 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 - YPWS 	<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>

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
12.4.3	<p>Multi-agency workforce development programme for social workers, Personal Advisors, Youth Offending Teams, foster carers and Early Help Practitioners around the identification and response to children and young people affected by emotional wellbeing difficulties, included in both initial training and ongoing development</p>	<p>Review of existing training offered to frontline staff</p> <p>Identification of gaps and inclusion of key aspects e.g.</p> <ul style="list-style-type: none"> • Mental Health First Aid • E-safety, Safeguarding • Child development and behaviour management • Child Sexual Exploitation and online safety • Parental mental health • Alcohol, smoking and drug use • Sex and relationships 	<ul style="list-style-type: none"> - Medway Council - Medway Public Health - Medway CCG 	<p>1 See 1.4 above in relation to the work of the Workforce Development Subgroup.</p> <p>2 Staff briefings with social care and youth service managers have already taken place.</p>
12.4.4	<p>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</p>	<p>Inclusion within integrated Children and Young People's commissioning plans from October 2016 and building on existing commissioned programmes e.g. All</p>	<ul style="list-style-type: none"> - YPWS 	<p>1 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>

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
	Medway Council/CCG service review (2015)	Saints Children's Centre Art and Play Therapy programmes and Educational Psychology support for 'sad' events and critical incidents		
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	YPWS	1 The Medway YPWS provides a specialist pathway of support for children and young people with learning disabilities and/or neurodevelopmental disorders. It will integrate effectively with community and paediatric services delivered by MCH from 1 July 2018.
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 - MCH 	1 Funding was received in August 2018 and this service is in development. It will be hosted by MCH.
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 	1 Kent and Medway CCGs have commissioned an all-age eating disorder service to work alongside the Medway YPWS. NELFT provide this service which commenced on 1 April 2018.
12.4.8	Review practice against NICE guidelines for responding to the	Inclusion within integrated Children and Young	<ul style="list-style-type: none"> - Medway Council - Medway CCG 	1 YPWS offers therapeutic interventions for deliberate self-harm

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 qualitative progress update
	needs of children and young people affected by self-harm and identify evidence-based interventions to meet need	People's commissioning plans for October 2016	<ul style="list-style-type: none"> - Medway Public Health - YPWS 	2 Provision of advice on this topic will be part of the joint training programme described in 1.4.

Table 12.5 – Very Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	September 2018 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 - YPWS 	<p>1 Medway CCG is 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. NELFT is part of this work</p> <p>2 Medway Council has provided funding for 6 places in a special school to enable us to support children and families closer to home, through enhanced residential provision linked to education settings. This provision, in Rivermead school, opened in September 2018 and NELFT are providing support to these pupils in the school setting.</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 	1 NELFT contribute to formal care co-ordination for children and young people using the care plan approach (CPA). The work is aimed at crisis management, risk management, prevention of admission and, if the latter cannot be avoided, then the team will work effectively with inpatient units to ensure a short stay in hospital with intensive post discharge follow-up.

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

					<ul style="list-style-type: none"> - 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
Accountability	Mental heal providers are unable to flow data to the MHSDS, meaning Medway is unable to demonstrate that access to mental health treatment is increasing as a result of additional investment	4	3	12	<ul style="list-style-type: none"> - NELFT is already flowing data - Support is being given to MCH to enable them to flow data as soon as possible - Analysis during summer 2018 indicated that Medway should meet the target once MCH data is flowing
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.
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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.

Appendix 1 – Activity data

The following provides an indication of current levels of activity within the Medway Young People's Wellbeing Service.

Referrals to CAMHS Single Point of Access

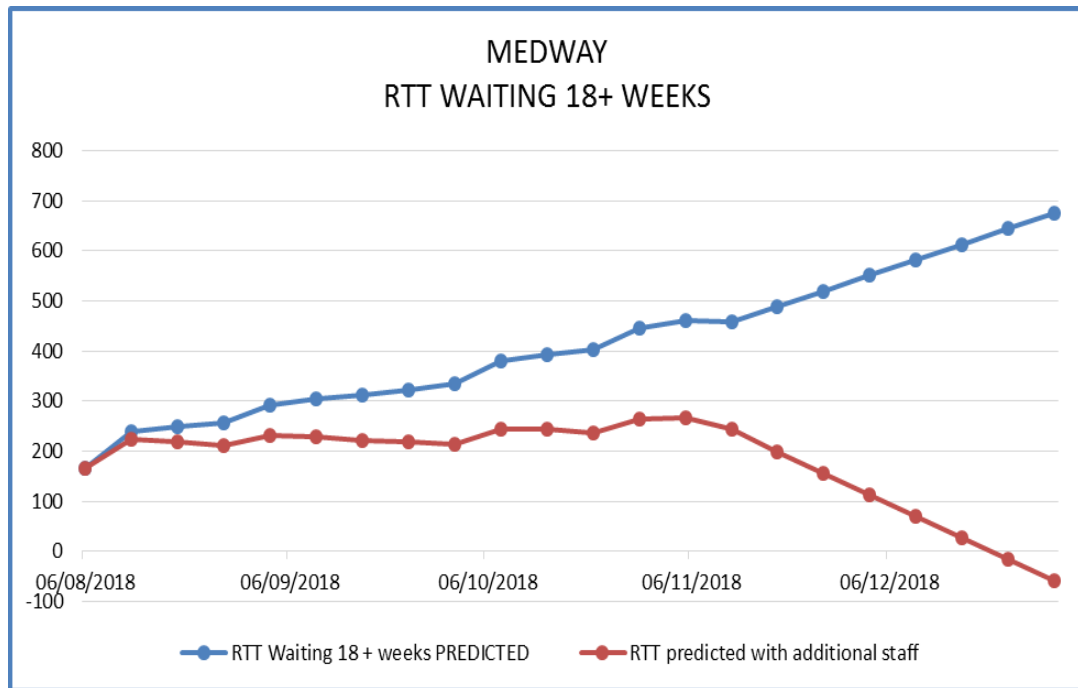
Total referrals by month (4 months April to July 2018)

Month	Referrals
April	164
May	188
June	194
July	220
Total	766
Monthly Average	192

Numbers on waiting lists (July 2018)

Numbers on waiting lists	Number
Assessment waiting list	86
Treatment waiting list	539

Trajectory for reduction of waiting list – July 2018



Medway2	0-4wks	4-8wks	8-12wks	12-18wks	over 18 wks
	76	50	53	48	165

Please note this trajectory will be revised to reflect funding beginning in October 2018, with an expected date in March 2019 for eradication of the 18+ waiting list.

Open Caseloads

	April 18	May 18	June 18	July 18
Total number on all caseloads	1088	1107	995	1104
Cases closed during month	135	173	124	140
Number of current cases open for more than 6 months	630	626	502	575

Service activity

	April 18	May 18	June 18	July 18
Number of face to face appointments	471	450	461	365
Number of non-face to face appointments	177	240	191	249
New appointments offered	148	201	198	156
Follow up appointments offered	586	701	589	508
Percentage of appointments cancelled by patient	2.3%	2.1%	2.5%	4.5%

Gender profile - July 2018

Gender	Number	%
Male	89	37
Female	146	63
Not specified	3	0
Total	238	100

Age profile – July 2018

Age range	Number	%
0-4 years	0	
5-9 years	24	10
10-15 years	172	72
16-18 years	43	18
Total	238	100

Ethnicity profile April – July 2018

Stated ethnicity	Number
Asian or Asian British – Other Asian background	9
Asian or Asian British – Bangladeshi	4

Asian or Asian British – Indian	2
Asian or Asian British – Pakistani	2
Black or Black British – African	2
Black or Black British – Other Black background	1
Black or Black British – Caribbean	3
Mixed – other mixed background	7
Mixed – White and Asian	6
Mixed – White and Black African	5
Mixed – White and Black Caribbean	6
Not known	108
Not stated	165
Other ethnic groups – any other ethnic group	4
Other ethnic groups – Chinese	0
White – any other white background	6
White – British	796
White – Irish	0

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 report to the Medway Health and Wellbeing Board and Medway Safeguarding Children Board; and 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 Medway CCG, through Partnership Commissioning arrangements, 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 an 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)

Head of Children's Partnership Commissioning, Medway Council/CCG

Deputy Chairperson

Head of Mental Health Commissioning – Medway CCG

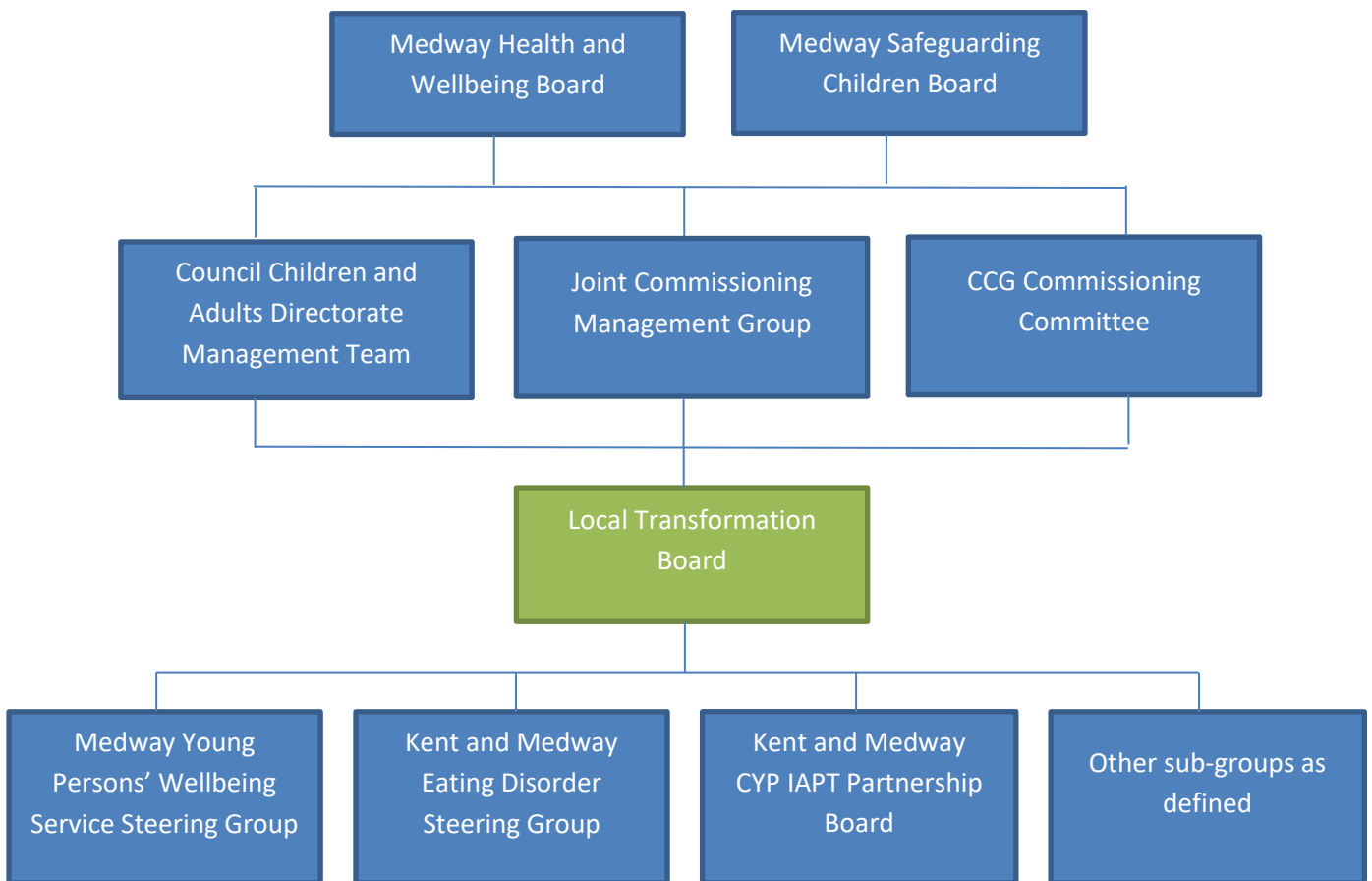
Membership

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

