

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

2019/20



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## 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.

At the beginning of 2019, the NHS long term plan renewed this commitment to pursue the most ambitious transformation of mental health care in England. The Mental Health Implementation Plan provides the framework to ensure and enable further local delivery.

This updated 2019/20 plan describes progress made against the objectives, plans and actions set out in in the LTP following two years of operation of Medway's Young People's Wellbeing Service.

What has changed?

### 1.1. Understanding

Medway Public Health has worked with 89% of Medway schools with varying of intervention to deliver staff briefing. This has included staff briefings on issues such as anxiety, gender identity and self-harm; teacher training for PSHE and RSE, staff and parent workshops that include the topics of gender and identity, sexual health and transition to secondary school. 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.

Medway Educational, Child and Community Psychology Service (MECCPS) benefits the children and young people of Medway through applying psychology in nurseries, schools and colleges and in the local community. Approximately 70%of schools commissioning additional support to expand their school's community offer.

Local forums and family networks (such as Parent and Carers Forum and Carers First) are supporting Medway's transformation and provide valuable insight, feedback and a desire for co-production opportunities.

*What still needs to be done – better identification of what lies behind children's behaviour and emotional difficulties and early support to address them. Also identifying needs of children who may be a greater risk of developing mental health disorders, such as CYP experiencing*

*maltreatment. A greater understanding of what challenges individual schools are facing through development of a health and wellbeing surveying tool. 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. All learning and understanding we will be considering preventative and early intervention opportunities to avoid escalation of situations and needs*

## **1.2. 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 open the availability of expertise of NELFT practitioners to support them in their work. Recent collaboration with Youth Offending has strengthened opportunities between the services.

The integrated children's community health service has created opportunities to expand support and we envisage close working where children have co morbidities.

*What still needs to be done – the waiting list, for treatment, remains too long. Plans have been in place to reduce waiting times, which will have impact on accessibility and the effectiveness of the service. Further support from YPWS to universal and targeted services to develop support before, around and post service use.*

## **1.3. 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 building their working relationship whereby information is shared when appropriate, and the care for children with comorbid conditions is in the process of being formalised.

Further support in place through the Emotional Wellbeing Team within the 0-19 child health service delivered by MCH adds a further opportunity for integration and an increase in much needed access to supportive therapies.

The incorporation of substance misuse services within YPWS has provided a good opportunity for sharing of knowledge and resources to support our Young people.

Integration across programmes seeking to support those in crisis is evident through multi-agency approaches and is further creating an opportunity for early intervention.

*What still needs to be done – Strengthening of pathways, particularly at the preventative level, which will enable specialist and non-specialist mental health workers to quickly access the right support. Clarity over responsibilities and pathways for children and young people in need of specialist support.*

#### 1.4. 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 enable parents and carers to access this training is taking place, and a 'community of practice' is being developed to further develop the model of support throughout the children and young people's workforce. This is an ambitious programme of change that is significantly increasing the 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 thread of our efforts to build strong support mechanisms for adults and young people families with ASD and LD, as part of the Transforming Care programme Medway's Learning Disability and Autism strategy currently in development will also strengthen mechanisms moving forward.

*What still needs to be done – Continue to build on actions detailed in SEND Improvement Board and joint working arrangements between services. Develop an understanding of CYP needs within EHCP process. Establishing good links to other community health services where there is co-morbidity building smooth transitions between adult services and review requirements for 18-25-year olds.*

#### 1.5. New opportunity

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.

Initial return of investment of supporting children through social and emotional learning - every £1 invested results in an estimated saving to society of £5.08 (over 3 years) (PHE)

Medway will grow its understanding through learning the lessons from the National Link Programme, funded through the Department of Education to bring together education and mental health services so that children and young people can get the help they need, when they need it.

Developments over the coming months will utilise and build on current links with education and health partners to develop its own trailblazer (pilot) proposal for the coming year 2020 for School Mental Health Teams. Workshops and a steering group will guide our application and ensure we find an innovative approach towards accessing our most vulnerable CYP.

## 1.6. 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 supported the original plan in September 2015 and the Chair of the LTP Project 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:

[www.medwayccg.nhs.uk/local-services/services-advice](http://www.medwayccg.nhs.uk/local-services/services-advice)

Medway Council website at:

[https://www.medway.gov.uk/info/200170/children\\_and\\_families/](https://www.medway.gov.uk/info/200170/children_and_families/)



## 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 current 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 addition, there is now a single CCG committee with delegated responsibility for children's service across the eight Kent and Medway CCGs, which will help to ensure consistency for children and families across the STP footprint.

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.

Since the respective Joint Area inspections of SEND services in Kent and Medway, there is refreshed commitment to taking key areas of work forwards on an STP footprint basis; this includes commissioning work relating to neurodevelopmental pathways and services.

## 2.1. Phased Delivery Plan

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

*Figure 2.1 – Medway Local Transformation Plan – Phased delivery*



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

Medway aims that:

By 2021, Medway's children and young people will 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

### 3.1. 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 resident population of 277,855. 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 89.6% of the population is classified as White British, and generations of families have lived in the same areas of Medway for many years.

Data from the January 2017 school census shows that 81.5% of pupils in Medway are classified as white, with mixed ethnic origin being the second largest group (9.5%). This may suggest a change in the overall population distribution in Medway since the 2011 Census.

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.

### 3.2. Joint Strategic Needs Assessment

Medway's Public Health Directorate is currently re-producing Medway's JSNA for mental health children and young people. This is expected to be completed by the end of 2019. Areas covered include at risk groups (such as LD, LAC, homeless, youth offending, perinatal), characteristics, social and educational context, levels of need and services.

### 3.3. Annual Public Health report 2018-19

Medway's Annual Public Health Report Healthy Minds, Healthy People: Wellbeing across the life course was published in 2019 and provides updates on current activities to support our residents.

Medway Council is committed to continuing to lead partnership work to ensure that all people in Medway are supported to develop and maintain good mental wellbeing. The focus has highlighted a number of recommendations across Medway to support wellbeing across the life course and, for children and young people and commissioners:

- Development of a mapping exercise to identify what provision is available across schools to support students and staff; and encourage partners to review findings and actions required
- Encourage where feasible, mental wellbeing outcome measures within service contracts
- Ensure all contracts to include requirements for supporting referrals into emotional wellbeing services

### 3.4. Current assessment of need

Many 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

### 3.5. 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:

#### 3.5.1 Children in Care/Looked After Children:

This includes both children and young people in the formal care of Medway Council and children and young people in the care of other local authorities but placed in foster care and residential care arrangements in Medway area.

Looked-after children are more likely to experience mental health problems. It has been found that among children aged 5 to 17 years who are looked after by local authorities in England, 45% had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders, such as anxiety or depression, and 7% were hyperkinetic.

In 2018/19, Medway started 1990 early help assessments and opened 1254 cases. There were 4030 referrals into children's social care front door with 420 becoming Looked After Children and 473 going on to Child Protection plans.

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. These risks persist at the stage when young people leave care. Medway's Young People's Wellbeing Service has a commitment to provide the specialist mental health and behavioural support services that looked after children and care leavers are likely to need, following periods of maltreatment and/or neglect.

The nature of needs is 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. Work with our education and social work partners, 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.

Reducing waiting times for all children is a priority for Medway.

Medway's Children's Services Ofsted Inspection 2019 highlighted access to health services when children come into care and for children experiencing emotional and mental health problems as a concern. Through Medway's improvement plans, performance meetings and the LTP project Board these areas will be addressed.

### **3.5.2. 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 are more likely to experience social isolation, which is a risk factor for mental health problems in children and adults.

A considerably higher proportion of children in Medway are identified by schools 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 provided by Medway Community Health care for CYP under 11 years old and NELFT supporting those above 11 years as part of a Kent and Medway service.

To continue to improve the pathway and CYP experience, actions to develop joint working arrangements and to reduce waiting times are features in the Written Statement of Action developed in response to Medway SEN Ofsted inspection. We are confident that this dedicated pathway with continued improvements will build the care and support we are able to give children with a disability and their families.

Work is underway in Medway to develop improved behavioural management techniques at Medway's highest excluding schools, and exclusion rates have decreased in the previous year. In addition, work is commencing to establish a system of "ordinary available" provision, to ensure that schools are supported to deliver key interventions at the earliest point and prevent escalation to specialist health services. MYPWS is working together where appropriate to feed clinical input into Education, Health and Care Plans.

### **3.5.3. Children from the poorest households:**

Are significantly more likely to experience mental health problems. The Marmot review (2010) suggests that childhood poverty can lead to premature mortality and poor health outcomes in adulthood.

The percentage of dependent children under the age of 20 years in relative poverty in Medway is higher than the national average (20.8% versus 19.9% in 2014). This pattern has been evident since 2011 as numbers in Medway have remained consistently higher than those seen nationally. Similarly, the percentage of children under the age of 16 years in Medway in low income families is also higher than the national average (21.4% versus 20.1% in 2014).

The key areas which can influence mental wellbeing among children and young people are:

Adverse childhood experiences

Adverse childhood experiences (ACEs) are stressful events occurring in a child's life. Examples include abuse, family breakdown, bullying or loss and bereavement. ACEs can have a significant impact on the mental wellbeing of children and young people, and their risk of developing mental health problems.

For example, bereaved children are 1.5 times more likely than their peers to be diagnosed with a mental health condition and have a higher risk of depression.

Exposure to four or more ACE's gives a person a 60% chance of having a mental illness that requires specialist treatment.

### Family relationship difficulties

Infancy is a key time for brain development and building a loving attachment to a caregiver is important. Without a good early bond, children are less likely to grow up to become happy and resilient adults.<sup>12</sup> Children who have positive and secure attachment to their caregiver are better able to cope with stress, have higher self-esteem and are better able to manage adversity.

### Challenges during adolescence

Adolescence is a time where young people experience many physical, emotional and social changes, which can impact wellbeing. When fifteen-year olds in Medway were asked how satisfied they are with their lives, 59.9 per cent reported high levels of satisfaction, compared to the England average of 63.8 per cent.

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. MYPWS work alongside family support and early help social workers, who work to limit the impact of economic disadvantage.

Kent and Medway are working collaboratively to develop an ACE aware, trauma informed system. There is a multi-agency steering group and a programme of work that includes; finding opportunities in the way services are commissioned exploring and researching models of practice that work best to meet the complexities of the issue, sharing learning and innovative ideas, awareness raising, joining the dots between training and education that is already happening, testing out ways to support place based and community based approaches to make change happen in ways that are appropriate for different kinds of workers and organisations. Two large events this year have been held; a learning and priority mapping workshop in January and a larger conference in September 2019 focused on co-creating safe spaces in the context of ACE's.

#### **3.5.4. 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. It is acknowledged that young people within the criminal justice system in Medway may struggle with communication and, language barriers.

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.

### **3.5.5. Young carers:**

The Care Act 2014 and Children and Families Act 2014 placed a legal duty on Local Authorities in England to assess and identify the needs of carers. Local authorities must offer personalised support to carers to improve their wellbeing. The NHS Long Term Plan further supports this commitment to ensure that carers are considered in the way the NHS delivers Care.

It is estimated that Carers aged under the age of 18 account for less than 2% of all identified carers but in reality, we know this figure is a lot higher.

In Medway it's estimated there are 661 young carers under the age of 16 and 1,632 young adult carers aged 16 - 24 providing unpaid care.

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 MYPWS 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.

Medway Carers Strategy is in place and Carers First is supporting Young Carers with assessments and support. Further engagement has been planned as the delivery plan develops over the coming year.

### **3.5.6. 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.

Medway CCG and Medway Council commissioned the Medway Domestic Abuse Service (MDAS) in April 2019. MDAS provide the link to a range of agencies who are necessary to support families who are victims of domestic abuse. The aim of the new MDAS service is to be able to offer earlier support to families by accepting 'medium risk' referrals as well as 'high risk' referrals, whilst also supporting partner agencies through existing pathways including at Medway's One Stop Shop and Domestic Abuse Notifications (DANs).

The Medway Children & Young Peoples Wellbeing Service (C&YPWBS) (CAMH Service) has a robust package of training and intervention for children and families who require support to overcome trauma and build their emotional resilience following living in abusive household. New innovative ways of building resilience for families who have/are subject to domestic abuse. MDAS are providing training to Medway Maritime Hospital and CAMH practitioners around recognizing signs of DA, safe enquiry, signposting and referring to MDAS, whilst also integrating the MDAS service within Medway's Hospital, Multi Agency Safeguarding Hub (MASH), Police station and schools.

### **3.5.7. Young people who are NEET:**

The latest data (July 2019) indicated that in Medway there were 6328 16-17-year olds where 2.4% were not in education, employment or training (NEET) and 5.1% 16-17-year olds destination was unknown. The combined figure for NEET and unknown was 7.5%.

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 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.

### **3.5.8. 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 delivered by Open Road, 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.

### 3.5.9. 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. 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 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 was 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 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

### **3.5.10. Service model design**

In line with the CYP MH strategies and the 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.

## 4 Phase 2 – Procurement

### 4.1 Medway Young Persons' Wellbeing Service Procurement

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

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.

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 enjoys 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 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.

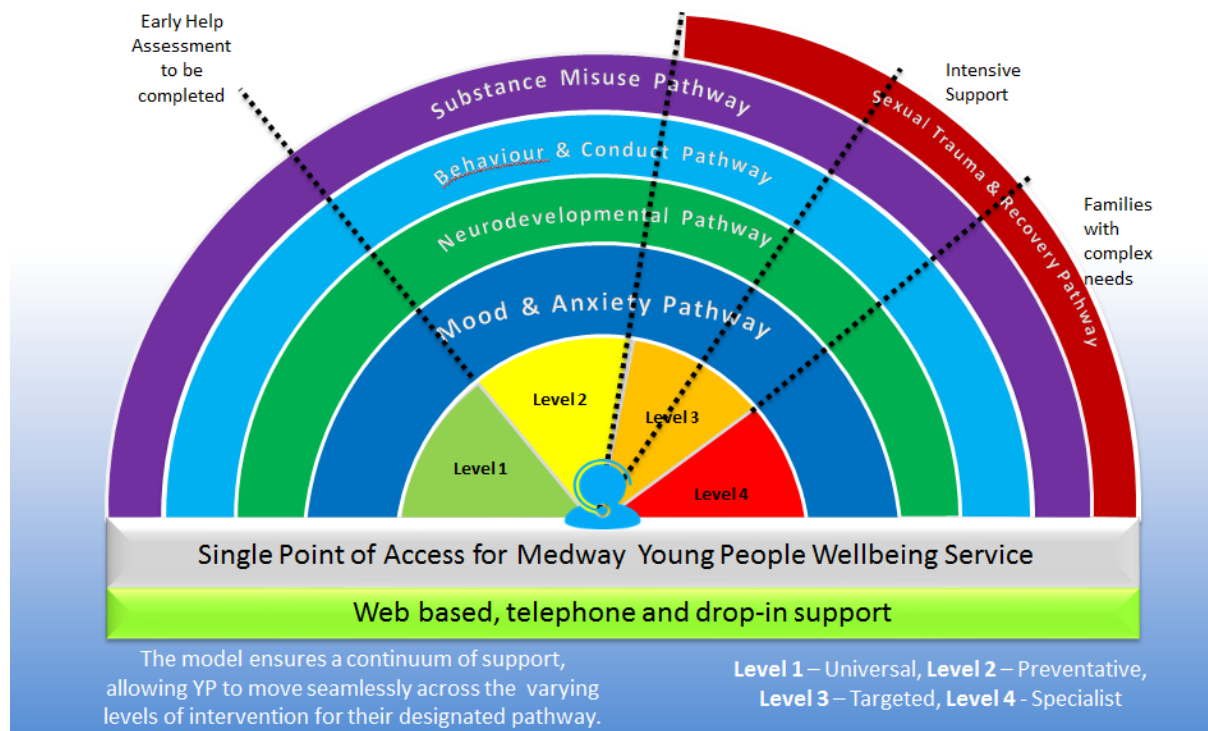


## 5 Phase 3 – Service implementation and transformation

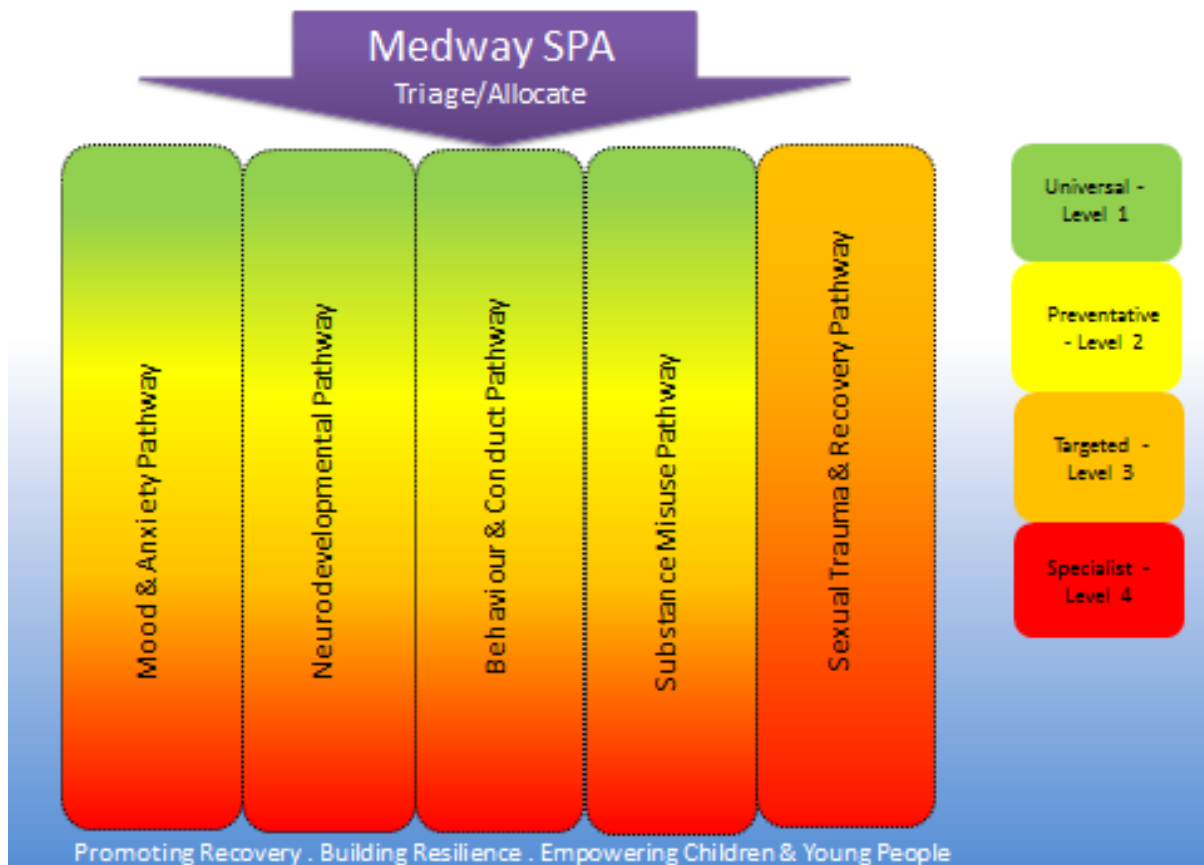
### 5.1. Medway Young Persons' Wellbeing Service

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*



## 5.2. 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.

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) 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 consultation and analysis, NELFT proposed, and contract managers agreed, a slightly different mix of service pathways. The neurodevelopmental pathway was 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:

### 5.3. 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
- 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.
- Developments of 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).

- There is an interdependency pathway between Medway Partners: MYPWS, criminal justice system, social care and voluntary sector with the SARC service. Medway YPWS undertake an initial home visit assessment of all cases referred from the Sexual Assault Referral Centre (SARC), they then refer to or make links with other relevant services, e.g. IDVA, substance misuse, sexual health services. The assessments include physical health, mental state, safeguarding concerns, social circumstances and suicide risk. There is commissioning intentions from both Kent and Medway to re-commission 'Talking Therapies' for children and young people.
- MYPWS support partners in transition arrangements to and from children's secure estates between on both welfare and youth justice grounds.
- MYPWS refer directly to SLAM for targeted specialist assessments and treatments. Alternative pathway is available through the joint agency panel (JAP) (social care, health and education).
- MYPWS P&Q meetings address challenges across crisis and complex needs including 136 suit usage, police custody. MYPWS crisis team across Kent and medway fully supports the 136 suit and transition into the community.

#### 5.4. 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
- ✓ Attendee of Medway Secondary Heads Association and Medway Education Leaders Association (primary heads)
- ✓ Engagement with the Kent and Medway STP Workforce Planning group
- ✓ 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

#### 5.5. 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.

- 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.

- *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. There is a transitional panel established through collaboration through Children 0-25 Team (Disability Team in SEN Team), Adult Mental Health Services and Adult Social Care.
- 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.
- Roll out of the MINDFRESH APP 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.
- The new forensic CAMHS service within the NELFT contract enhances the support offered to children and young people with high level and complex presentations. This has proven to be effective as recent cases children and young people are having local access to forensic services rather than traveling out of area.

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

- *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. Early discussions are also being had over transformation of SPA across Kent and Medway.
- *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.
- *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 in light of the proposed model of Primary Care Networks
- *Schools* – To work with Child health Emotional Wellbeing Service, 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. This is ongoing and will form the basis of 2020/21 CQUIN.
- *Digital service offer* – Enhance MindFresh (see below) across Medway and expand information on the local offer.

Contract meetings previously occur monthly, timed so that we have the latest available performance data to hand. In collaboration with service provider these meeting have been organised to focus on key areas of service delivery to allow a greater understanding of systems, process and outcomes for children and young people. Through technical, performance and quality and a quarterly strategic meeting, 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. Regular attendance includes SEN, LAC, PH, early help, social care, adult mental health and YOT partners. GPs have attended to observe and feedback; and the young inspectors will report to this meeting.

## 5.6. Practice development

Medway's Early Help teams will be crucial to the success of the targeted, low-intensity MYPWS 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.

We are also looking to develop within universal and targeted services:

- Reducing parental conflict programme
- Restorative justice
- Positive behavior support
- Trauma informed practice

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 MYPWS 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 MYPWS 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.

### **5.7. 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 always responded to within 4 hours. 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.

### **5.8. 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.



## **5.9. 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.

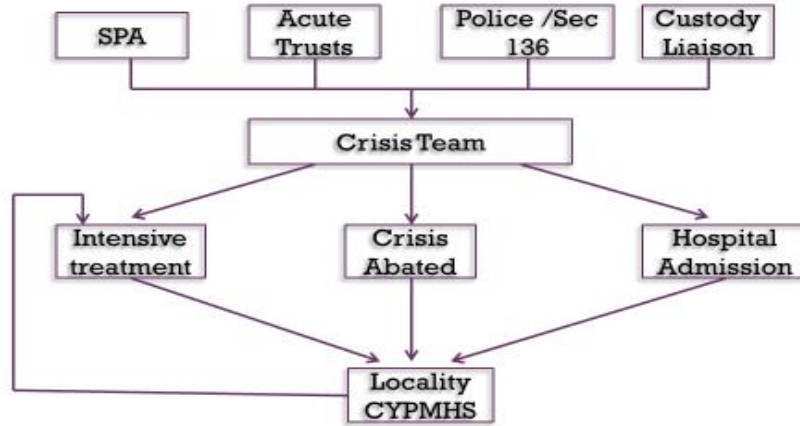
## **5.10. Crisis pathway model**

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 teamwork 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.

# Referrals



Best care by the best people



## 5.11. 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 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.

## 5.12. 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. This is now in place across the district and further developments are being planned within adult mental health workforce which will start from 16 years.

### 5.13. Kent and Medway Safe Havens Project

NHSE Community Crisis Care funding has been secured to develop four safe havens across Kent and Medway in 2019. Research shows there is an increasing, inappropriate use of emergency and statutory services (including A&E, GP's, Police, Ambulance and Paramedics) for those with mental health support needs. Safe havens will provide a community-based alternative for people in mental health crisis. The safe havens will be provided by Mental Health Matters (MHM).

The safe havens will provide a supportive place to go for those in need where they will experience support in a welcoming, safe, comfortable and non-clinical environment that promotes independence and provides opportunities for recovery. This is a key to providing a service that people will engage with at times of crisis and vulnerability.

Between 18.00 and 23.00 (365 days a year) MHM will provide a non-referral based, open access alternative provision for those aged 16+ who are experiencing, or at risk of a mental health crisis.

### 5.14. 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

### 5.15. 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.

### 5.16. Access to MYPW services

Medway's YPWS accepts referrals from practitioners, young people themselves and families and carers.

**Single Point of Access**

NELFT NHS  
NHS Foundation Trust

**Assess needs quickly**

**Self-referral**

**Immediate telephone advice & support**

**Signposting to other services**

**Single Point of Access (SPA)**  
**0300 300 1981**

Children, young people, families and professionals are able to access our service using a single contact number

**Medway SPA**  
0900-1800 Mon-Fri  
0900-1200 Saturday  
0300 300 1981

Accessible 24 hours a day, 7 days a week (All calls after 1800 and before 0800 are answered by our Mental Health Direct team)

**Open to anyone who has or is at risk of having mental health problems**

**Strictly confidential**

Best care by the best people

## 5.17. Future Development of Crisis Services

Expanding timely, age-appropriate, comprehensive crisis and intensive home treatment services will improve the experience of children, young people and their families. It will reduce pressures on emergency (ED) departments, paediatric wards and ambulance services and will reduce admissions to CYPMH inpatient services and minimise length of stay by providing alternatives to admission and step down that are safe and effective. The Long-Term Plan sets out a commitment to 100% national coverage of comprehensive CYP crisis services combining crisis assessment, brief response and intensive home treatment functions.

Evaluation of urgent and emergency care services for children and young people in Vanguard sites found that, children and young people who received intensive community follow-on support subsequently made less use of crisis services compared to less integrated services. Across the vanguard sites, on average, 83% of children and young people referred to crisis and liaison services were seen within four hours. With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.

The expectation is that by 2023/24 CYP mental health crisis services across all CCGs will provide a fully comprehensive service based on an annual assessment, in line with the NHS Long Term Plan commitments. Kent and Medway's will move to full compliance in 2023/24 in line with the national ambition. Each CCG across Kent and Medway will report partially compliant until 2023/24 when the service will be fully compliant.

There are concerns around workforce availability and delivery cost increases. However, clarity is being sought on what the investment options are across Kent and Medway to allow projections to be accounted in NHSE LTP implementation funding.

## 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 100 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 5.

### 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 tool that facilitates direction to safe, trusted, quality assured self-help Mind Fresh (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](http://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.

## 6.3 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 2019/20, to develop a network of ambassadors in secondary schools and begin to offer support in primary schools.



## 6.4 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, 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.

## 6.5 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).
- 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.

Current PBS training has been delivered to over 100 practitioners and families/carers to PBS and equip them with the skills to understand the principles of PBS and reinforce specialist practice.

Further investment into PBS training will focus on a) schools based programme to support schools with the highest exclusions; b) placement providers to focus on building a greater placement stability for LAC; and c) Foster Carers within the context of Medway's new model of support building on lessons learnt from the Mockingbird programme, an innovative method of delivering foster care using an extended family model.

## 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 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 required measurement tools to be developed, which means that they were only started to be reported since October 2018. All others are being monitored monthly as part of contract and performance monitoring.

**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 2019, 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 cases where the children were looked after and therefore presented with complex issues.

## 7.5. Key Performance Indicators (KPIs)

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
<p><b><u>Standard</u></b></p> <p>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><b>KPI 1</b> - Number and % of C&amp;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>ii. for <u>routine</u> treatment</p> <p>iii. for urgent referrals</p> <p>iv. for emergency referrals</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"> <li>• 0 &lt;= 4 weeks</li> <li>• 4 &lt;= 8 weeks</li> <li>• 8 to &lt;= 12 weeks</li> <li>• 12 + weeks</li> </ul> <p>Referral to routine treatment waiting times for new cases:</p>	<p>Questionnaire</p> <p>Monthly activity report</p>	<p>Monthly</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
		<ul style="list-style-type: none"> <li>• 0 &lt;= 6 weeks</li> <li>• 6 &lt;= 12 weeks</li> <li>• 12 &lt;= 18 weeks</li> <li>• 18 + weeks</li> </ul> 95% - <10 working days (<5 working days for LA) 100% - <72 hours		
<p><b><u>Outcome</u></b></p> <p>Children and young people experience improvements in their emotional wellbeing and mental health using appropriate clinical measures.</p>	<p><b>KPI 2</b> - Number and % of C&amp;YP who improved their validated outcome measurement score between commencement of treatment, and at 6 months (or case closure if before 6 months)</p> <p>Reduction in the number and % of C&amp;YP children re-presenting to the service</p>	<p>Improvements in Outcomes.</p> <p>Baseline to be established in Period 1 and 2.</p> <p>Targets to be set for years Period 3 onwards based on improving on the baseline.</p>	<p>Use of RCADS / SDQ / CGAS and other appropriate tools for paired scores.</p> <p>Commissioner and provider to work together to establish the most effective way to report on and measure aggregated outcomes.</p>	<p>Monthly</p>

Outcome / Standard	Indicator / measurement	Threshold	Method of data collection	Reporting frequency
<p><b><u>Outcome</u></b></p> <p>Fewer young people misuse drugs and alcohol following engagement with the service.</p>	<p><b>KPI 3</b> - 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>Monthly</p>
<p><b><u>Outcome</u></b></p> <p>Young people reduce their drug and alcohol use following engagement with the service.</p>	<p><b>KPI 4</b> - 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>Monthly</p>
<p><b><u>Outcome</u></b></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</p>	<p><b>KPI 5</b> - Number and % of C&amp;YP in contact with the service who through survey or peer / independent review can state that:</p>	<p>Improvements in satisfaction.</p> <p>Baseline to be set during Period 1 and 2.</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>best way(s) for the child /young person. This means the child or young person can make informed decisions/choices at all stages of their life and feel listened to and valued throughout the process.</p> <p>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>	<ul style="list-style-type: none"> <li>i. they were satisfied with the information provided by the service</li> <li>ii. have been able to actively participate in the assessment, care planning and treatment process</li> <li>iii. were able to communicate what was important to them that will support positive change</li> <li>iv. they have been able to build a trusting relationship with the clinical team working around them</li> <li>v. that through the interventions from the service they have learnt new strategies and techniques to cope with future problems</li> <li>vi. they know how to access further help if they need it</li> </ul>	<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>		

## 7.6 Metric and Output data

Category	Output data	Target – if applicable
<b>Caseload</b>	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)	
<b>Assessment and Treatment</b>	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)	
<b>Service Quality</b>	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	
<b>Service User</b>	Gender	
	Age range	
	Ethnicity	
<b>Inpatient and Tier 4</b>	Admissions to Tier 4 services and destination	
	Number and % of CPAs / CETRs in place for Tier 4 admissions	

## 7.8 Mental Health Services Dataset

The process for monitoring this is through providers submitting data via the Mental Health Services Dataset (MHSD). 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.

### 7.8.1 Access

The Five-Year Forward View for Mental Health (FYFVMH), published in 2016, 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).

The NHS Long Term Plan set out expansions to Children and Young People's Mental Health Services (CYPMHS) that will ensure delivery of the FYFVMH commitment to increase access for CYP aged under 18 by 2020/21 and an additional 345,000 CYP aged 0-25 by 2023/24.

To meet this target Clinical Commissioning Groups (CCGs) are mandated to ensure that by 2020/21, 35% of CYP with a mental health (MH) need are able to access evidence-based MH treatment. Annual incremental targets are held to account on performance by NHS England.

Incremental targets:

2016/17	2017/18	2018/19	2019/20	2020/21
28%	30%	32%	34%	35%

Against the national target of 32.0% for 2018/19, Kent and Medway STP achieved an access target of 47% of children with a diagnosable MH condition had access to treatment. There is considerable a variation across the STP footprint ranging from 33.3% in Medway to 65.8% in Ashford CCG.

Further details can be found in [Appendix 3](#) on access target achievements across Kent and Medway.

During 2018/19 Medway CCG had 2020 CYP access services as evidenced through submissions to the Mental Health Services Dataset. YPWS and 5 other providers contributed in Medway.

During the same period, it was estimated 6067 CYP had a diagnosable condition therefore a 33.3% access rate across Medway was achieved meeting 2018/19 target of 32%.

Medway is currently forecasted (October 2019) during 2019/20 to meet access target of 34% as determined from current submission data.

Forecast 2019/20 performance against the NHS England access target (34%)

CCG	Actual number of CYP receiving treatment (YTD - May 2019)	Total number of CYP with a diagnosable mental health condition	Percentage access rate (forecast year end current FY)
NHS Ashford CCG	350	2,583	45.5%
NHS Canterbury and Coastal CCG	410	3,492	39.4%
NHS Dartford, Gravesham and Swanley CCG	490	5,397	30.5%
NHS Medway CCG	615	6,067	34.0%
NHS South Kent Coast CCG	500	3,887	43.2%
NHS Swale CCG	265	2,530	35.1%
NHS Thanet CCG	410	2,964	46.4%
NHS West Kent CCG	810	8,936	30.4%
Kent & Medway	3,935	35,856	36.8%
South East	14,635	152,411	31.6%
England	106,944	1,046,246	33.6%

Source: NHS England, NHS Digital

NHS England and NHS Improvement has made available the Mental Health Long Term Plan Ambitions Tool, an apportioning tool to support STPs in their LTP implementation planning. Total ambitions for meeting national targets can be found in [Appendix 4](#) along with forecasts for Kent and Medway.

Through this tool, Medway CCG is forecasted needing incremental rises of CYP to reach an additional:

- **218 for under 18-year olds**
- **94 for 18-25-year olds**

... by 2023/24 to meet national targets.

## 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 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 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).



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 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 has 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.

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.

YWBS will seek to improve user participation by building additional links into Medway's existing youth participation programmes, such as through the hear by rights model.

Service user feedback is discussed at YWBS monthly contract Performance and Quality meetings.

### **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.

## 9.0 Workforce Planning

Ensuring a sustainable local supply of appropriately skilled workforce is vital to service transformation. There are 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 for Kent and Medway is attached at [Appendix five](#). 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.

### 9.1 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, 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 Christ Church 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 Review. Annual trust wide training plans are developed on the basis of individual appraisal information.

## **9.2 Medway Developments**

Medway has 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.

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.

### 9.3 Wider Medway workforce

The YPWS 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 100 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 run sessions from and 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.

## 9.4 Regional workforce development

In July 2019 the report from the CYP Matrix Audit tool was finalised and circulated to both providers and commissioners. There was very good engagement from some providers, NELFT being the largest of the contributors, and robust information was collected in relation to staffing numbers, age profile, qualifications, referral number and gender profiling. The section requesting information around competencies and training was not a comprehensively completed and on reflection this may have been because the questions were not phrased correctly or did not elicit the desired level of response. A number of workforce recommendations from the report, including: -

- Creation of a system-wide platform – a collaboration of stakeholders across health, social care, education as well as the various provider sectors including voluntary and independent (could be based on the STP footprint) to coherently bring together the many workforce strands of work, to collectively address workforce capacity and capability challenges and together agree joint solutions and actions.
- To conduct facilitated workshops and/or task and finish groups (based on HEE Star) to review findings, agree priorities and make recommendations for actions for implementation.
- To work with the providers to review the capacity/demand findings to identify areas of additional capacity

These recommendations will be taken forward in various ways by dedicated workstreams, but it is unlikely that a further audit will take place. Instead, the STP will be delivering on robust workforce strategy and planning across children's mental health services over the coming months.

The STP Mental Health Workforce Lead will be continue to work closely with public health, commissioning teams and providers to establish and forecast a local workforce growth profile for the next 5 years to 2024 using the information supplied by the national team as a discussion tool and linking this with the increased access targets within the Long Term Plan.

Recruitment and retention of workforce across the whole health and social care economy is a challenge. Providers will need to consider how new roles and ways of working can be included in workforce redesign to complement the traditional workforce structure and provide comprehensive support to Children and Young People aged 0 - 25. The STP will, by working in conjunction with providers identify new roles alongside a clear and obtainable career pathway linking closely to retention policies.



The STP Workforce Transformation Plan is committed to promoting Kent and Medway as a great place to live, work and learn; to maximising the supply of the health and social care workforce and to creating lifelong careers within the local footprint.

## **9.5 National Support**

Health Education England, Kent, Surrey and Sussex plan to support the development of a CYP Mental Health workforce strategy that contributes to both the immediate system needs and future expansion.

This will be achieved by working with service providers (who know their staff best) to develop a training needs analysis and/or training plan. This will be used as a foundation to discuss intended trainee numbers on courses and the associated financial support required to fund these places.

## 10. Specialist commissioning

### 10.1 Collaborative Commissioning

Medway and Kent are committed to establishing strong collaborative relationships with NHS England and CCGs 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.

Developments across Kent and Medway (CCG, LA and CAMHS) for step up and step-down provision for stage 1 (NEST 1) is complete and stage 2 is in development as part of the Transforming Care Programme.

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 NHSIE Commissioning Intentions Statement for KSS CAMHS tier 4 Services

South East (Kent, Surrey and Sussex) CAMHS Tier 4 In-patient capacity commissioning intentions will support the roll out of Provider Collaboratives where the responsibility for commissioning CAMHS Tier 4 services transfers from NHSIE to Provider Collaboratives.

A recent Selection Process has confirmed that Kent and Sussex will form a Provider Collaborative for CAMHS Tier 4 Services and look to go live from October 2020. Surrey are approaching NHSIE seeking authorisation to proceed as a separate ICS managing their own CAMHS Tier 4 budget.

In the interim of the Provider Collaborative going live in Kent and Sussex, NHSIE is planning to undertake a review of the South East and South West Accelerated CAMHS Tier 4 Bed Capacity plan with its STP, CCG and Local Authority colleagues in order that we ensure timely access to CAMHS Tier 4 services - especially for CYP with Eating disorders and CYP with LD/ASD needs. NHSIE will also be undertaking a review of the capacity and function of

existing CAMHS Tier 4 services within the Kent and Sussex geographical footprints. Of note there are no CAMHS Tier 4 Services in Surrey. All of this work will be undertaken in partnership with STP , CCG, Local Authority and local key stakeholders and Experts by Experience – close working and aligning with the ambitions of the Long Term Plan and local commissioners aspirations for the care pathways for our CYP will be core to NHSIE s work.

### 10.3 Health and Justice

The Youth Offending Team (YOT) work with young people aged 10-17 who have offended or are at risk of offending or antisocial behaviour. This can mean offering intervention programmes with the young person and their parent /carer; supervising court orders; work whilst on bail or in custody; reports for court and youth offender panels.

NELFT has put in place effective integration policies with Medway Youth Offending Team (YOT), to ensure improved access and pathways of support. They will also be supporting the Youth Justice Board to deliver HM Inspectorate’s recommendations in relation to addressing the mental health needs of young people in the secure estate.

Medway YOT and probation have a joint position to support the mental health needs of its young people and designated social workers based in Cookhamwood facility.

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 to 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;
- Ensuring that young people involved with Medway YOS will have improved access to psychologically informed interventions.
- Implementing the national Secure Stairs programme to support transitions into and from the CYP secure estate.
- Supporting regional FCAMHS service provided by Sussex Partnership Foundation Trust that will be available for young people with mental health issues and offending across the SE. This includes yearly and quarterly reviews with YOT, health and police.

YOT is leading 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. There are future opportunities to work closer with NHSE Health and Justice CY leads to develop and enhance support during transitions to and from estates.

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

Health and justice are part of the Youth Justice Partnership plan and will form a significant part of the 2020-2023 strategy. Oversight will be through the Youth Justice Partnership Board.

## 10.4 Forensic Assessment

As the provider of Emotional Wellbeing and Mental Health services for Medway NELFT undertake forensic risk assessments as part of multi-agency and multi-disciplinary assessments for children, young people and their carers.

For those children who present with complex high-risk presentation and are beyond traditional Tier 3 CAMHS remit such as the following:

- Presenting with severe disorders of conduct and emotion, neurodevelopmental or serious mental health problems or where there are legitimate concerns about the existence of such disorders
- Usually involved in dangerous, high-risk behaviours towards others whether they are in contact with the youth justice system or not
- In exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies

The pathway is referral to the South London and Maudsley NHS Foundation Trust (SLAM) who provide the forensic risk assessment and recommendations for local services in order to support the young person.

## 10.5 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.

Robust application of CETR processes are embedded 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'. Discussions around 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.

Data from period 1<sup>st</sup> June 2108 to 1<sup>st</sup> June 2019 highlights across East, West and Medway, 39 CETRs were carried out for children and young people. Currently Medway has 2 young people within tier 4 inpatient mental health bed under the transforming care programme.

## 11 Finances

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

Consolidated financial profiles for the FYFVMH and NHS long term plan released in NHS Mental Health Implementation Plan 2019/20 – 2023/24 provide updated indicative breakdowns of investment levels expected through CCG's and central / transformation workstreams. *Full report can be found at <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019--2023-24/>*

These breakdowns are expected to be providing the following increases per CCG:

CYP - Mental Health Total

Year	Spring Budget in Baseline / New Funding breakdown	Eating Disorders	Mental Health Support Teams	YoY Increase	
	£'000	£'000	£'000	%	
2016/17	119		30		As per the original Table 3 supplied on email
2017/18	140	30	0	17.6%	
2018/19	170	30	24	21.4%	
1 2019/20	195	41	76	14.7%	As per the LTP MH Implementation Plan - Annex A Page 51
2020/21	231	52	115	18.5%	
2021/22	261	53	136	13.0%	
2022/23	319	53	185	22.2%	
2023/24	383	54	249	20.1%	

### Notes

- 1 Figures for 2019/21 have changed from £190m to £195m and £30m has increased to £41m
- 2 None of the MHST funding is included in the base line it is all Central / Transformation funding for the 5 years.

This affords an excellent opportunity for interim investment across the system in improving the landscape and whole system resilience in respect of supporting children and young people's emotional health and wellbeing.

Future funding uplifts will be discussed in future Local Transformation Board agendas.

### 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 11.1 Medway Young Persons' Wellbeing Service – Financial breakdown**

<b>Funding year: 2016-2017</b>	
<b>Medway Council</b>	<b>NHS Medway CCG</b>
<b>£588,345</b>	<b>£1,911,655 *</b>
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)

<b>Funding year: 2017-2018</b>	
<b>Medway Council</b>	<b>NHS Medway CCG</b>
<b>£588,345</b>	<b>£ 1,952,463</b>
Based on the following pre-existing contributions (17/18 values)	Based on the following pre-existing contributions (17/18 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 - £714,000*
	* maximum value (pro-rata based on agreed contract price)
Based on the 2017/18 NHSE LTP funding allocation of £714,000, this leaves a discretionary allocation of £41,000 pa, the utilisation of which will be managed by the LTP Project Board. It is, however, recognised that there will be additional pressures in the system from 2018/19 onwards, including CYP IAPT as HEE backfill funding is withdrawn.	
In 2017/18, transitional investment will continue for the first 5 months of the financial year (April to August incl.)	



<b>Funding year: 2018-2019</b>	
<b>Medway Council</b>	<b>NHS Medway CCG</b>
<b>£600,516</b>	<b>£2,102,452</b>
Based on the following pre-existing contributions (18/19 values) Tier 2 CAMHS - £304,076 Tier 3 CAMHS - £144,269 Substance misuse - £140,000 NELFT contract uplift £12,171	Based on the following pre-existing contributions (18/19 values) Tier 2 CAMHS - £140,000 Tier 3 CAMHS - £1,098,463 NHSE LTP funding - £863,989* * maximum value (pro-rata based on agreed contract price)
Based on the 2018/19 NHSE LTP funding allocation of £863,989 there is a discretionary allocation of £190,797, the utilisation of which has been agreed by the LTP Board.	

Based on the 2019/20 NHSE LTP funding allocation of £1,136,272.33 this leaves a discretionary allocation of £294,476, the utilisation of which has been agreed by the LTP Board. Allocations set out in Table 12.2.

**Table 11.2 Medway LTP – 2019/20 investment breakdown**

<b>Interim Programme</b>	<b>Allocation</b>
Whole system transformation support	50,000
Wider workforce development (schools)	30,000
SAFE (Schools peer mentoring programme)	15,000
Residual costs, conference, MHSDS consultancy support, interim	25,476
Young People and Stakeholder Engagement	20,000
Building low level support	52,000
Additional funding to NELFT to reduce waiting lists	102,000
<b>Total</b>	<b>294,476.00</b>

## 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 11.3 – Medway Young Persons’ Wellbeing Service – Financial breakdown**

	<b>WK</b>	<b>Ashford</b>	<b>C&amp;C</b>	<b>SKC</b>	<b>Thanet</b>	<b>DGS</b>	<b>Swale</b>	<b>Medway</b>	<b>Total</b>
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
<b>Total budget</b>	<b>607,370</b>	<b>173,126</b>	<b>357,663</b>	<b>322,672</b>	<b>248,840</b>	<b>356,979</b>	<b>164,115</b>	<b>401,536</b>	<b>2,632,301</b>

## 12 Delivery Plan Update (2019/20)

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 2019 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"> <li>- Individual schools and colleges</li> <li>- Educational Psychology</li> <li>- Medway Public Health</li> <li>- MYPWS</li> </ul>	<p>1 The SAFE project has been extended for the 18/19 and 19/20 academic years, working to recruit and work with existing Medway secondary schools to embed Youth Ambassadors.</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"> <li>-Teacher PSHE training</li> <li>- Relationships and sex education</li> <li>- Risk avert</li> <li>- Schools for health and wellbeing</li> <li>- Exploitation awareness</li> <li>- Parent workshops</li> </ul> <p>3 Medway Public Health A Better Medway Schools Award was piloted in 2018/19 and implementation is progressing across all schools from Sept 2019 to support health and wellbeing approaches which are based on PHE Mental Health school’s guidance.</p> <p>4 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>5 YPWS has a consultation line for schools and education partners.</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2019 qualitative progress update
				6 A leadership programme focussed on improving inclusion is ongoing and YPWS are contributing to it.
12.1.2	Improve mental health awareness	Local campaigns and promotion  Better local promotion of national campaigns and initiatives  Mental Health First Aid training	<ul style="list-style-type: none"> <li>- Medway Public Health</li> <li>- Educational Psychology</li> <li>- YPWS</li> </ul>	<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 contact with Medway Youth Council was established early on, to talk about mental health as it affects young people directly. Further opportunities will be created to continue this relationship.</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 YPWS developed the Big White Wall which provides an additional digital offer for 16 – 19-year olds.</p> <p>6 Linked into 5 ways to well-being promoted through A Better Medway health campaign to residents and a key action of Medway’s Adult Mental Health Strategy.</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"> <li>- Medway Public Health</li> <li>- Educational Psychology</li> <li>- Medway Council</li> <li>- Medway CCG</li> </ul>	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

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2019 qualitative progress update
			- NELFT	<p>2 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> <p>3 Educational psychology team provide information for families through their services.</p> <p>4 PBS training pilot in schools is being developed.</p>
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"> <li>- Medway Public Health</li> <li>- Educational Psychology</li> <li>- Medway Council</li> <li>- Medway CCG</li> <li>- NELFT</li> </ul>	<p>1 Consultations are being held across stakeholders to discuss a collaborative model to bring an understanding of the wider "offer" to schools including PBS, ACE, trauma, CBT, restorative practice. Restorative Practice and Trauma informed programmes were successfully awarded additional funding from NHSE.</p> <p>2 YPWS will coordinate with the Education Psychology Service, MCH and Public Health to offer training to whole staff teams or smaller groups of pastoral &amp; leadership staff. Scoping exercise being conducted.</p> <p>3 A joint consultation service with the Education Psychology Service has been offered since autumn 2018, offering regular &amp; specialist consultations on complex cases with groups of pastoral &amp; leadership staff.</p>
12.1.5	Review, identify and promote best practice in relation to peer support schemes for	Further development of existing peer support schemes	<ul style="list-style-type: none"> <li>- Medway Public Health</li> <li>- IMAGO</li> <li>- Youth Service</li> </ul>	<p>1 The SAFE project has been extended for the 18/19 and 19/20 academic years in part to undertake this work with schools, working with Public Health and the Youth Service.</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2019 qualitative progress update
	older teenagers with a view to increasing the proportion of schools and youth settings offering peer support programmes.			
12.1.6	Improved support for children and young people during transition.	<p>The development of a recovery orientated approach in local CAMHS services, including a multi-agency step-down from specialist mental health services</p> <p>Schools and colleges to work with children and young people on preparing for transition from primary to secondary schools and from secondary school to college</p>	<ul style="list-style-type: none"> <li>- Medway Council</li> <li>- Medway CCG</li> </ul>	<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 clear discharge care plan or Care Programme Approach (CPA) for those transitioning into other services.</p> <p>2 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>3 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>



Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	September 2019 qualitative progress update
		Children's and adult mental health services work to support positive transition through implementing transition protocols		<p>3 A Complex Needs Transition Panel has been established to identify and target children and young people with complex needs, transitioning from children to adult services.</p> <p>The Medway Young Person's Wellbeing Service model supports young people up to age 25, where this is clinically appropriate, and Medway Council/CCG has been working with the provider to implement related CQUIN's.</p>

**Table 12.2 – Additional/Targeted Support SMART Delivery Plan**

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 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	<p>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...</p> <p>2 Medway YPWS SPA links will shortly be available on 111 service.</p>
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 2019 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"> <li>- NELFT</li> <li>- Open Road</li> <li>- Children's Social Services</li> <li>- Early Help</li> <li>- Educational Psychology</li> </ul>	1 YPWS has a space 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"> <li>- NELFT</li> <li>- Medway Council</li> <li>- Medway CCG</li> </ul>	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 2019 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"> <li>- Medway CCG</li> <li>- Medway Public Health</li> <li>- Medway NHS Foundation Trust (MFT)</li> <li>- Kent and Medway Partnership NHS Foundation Trust (KMPT)</li> </ul>	<p>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.</p> <p>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</p> <p>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.</p> <p>KMPT have secured funding to develop and implement training packages including Simulation Training. This will allow KMPT to deliver training to other local organisations that also support perinatal mental health needs.</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 qualitative progress update
		midwives, health visitors and OTs in identifying and appropriately referring women experiencing perinatal mental health difficulties.		KMPT have also been successful in a bid to provide an 8-bed mother and baby unit in Dartford, now open (from April 2018).

**Table 12.3 – Complex Needs SMART Delivery Plan**

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 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"> <li>- Medway Council</li> <li>- YPWS</li> <li>- Family hubs</li> <li>- Children’s social care</li> </ul>	<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"> <li>- MYPWS</li> </ul>	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

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 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 2019 qualitative progress update
12.4.1	<p><b>Specialist mental health assessment to be offered to <u>all</u> children and young people at the point of entry to care</b> 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"> <li>- NELFT</li> </ul>	<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"> <li>- assessment, planning and review of therapeutic care needs</li> <li>- planning and preparation for transitions</li> <li>- the impact of moves upon children’s well-being</li> </ul> <p>Monitored through performance meetings.</p> <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"> <li>- regular attendance at senior and operational management forums to ensure an exchange of organisational updates</li> <li>- facilitating consultation forums that are easily accessible to all teams</li> </ul>

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 qualitative progress update
				<ul style="list-style-type: none"> <li>- providing swift access to mental health consultation in relation to the management of a child/young person's emotional needs</li> </ul> <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 <b>young offenders</b></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.</p> <p>Development of a bespoke pathway for young offenders to access specialist mental health support</p>	<ul style="list-style-type: none"> <li>- Medway Council</li> <li>- Medway CCG</li> <li>- YPWS</li> </ul>	<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</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 qualitative progress update
				appropriate community support upon release.
12.4.3	<b>Multi-agency workforce development programme</b> 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>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"> <li>• Mental Health First Aid</li> <li>• E-safety, Safeguarding</li> <li>• Child development and behaviour management</li> <li>• Child Sexual Exploitation and online safety</li> <li>• Parental mental health</li> <li>• Alcohol, smoking and drug use</li> <li>• Sex and relationships</li> </ul>	<ul style="list-style-type: none"> <li>- Medway Council</li> <li>- Medway Public Health</li> <li>- Medway CCG</li> </ul>	<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	Design and commission specialist mental health service(s) to address the impact of trauma, post abuse, CSE and other mental health related	Inclusion within integrated Children and Young People's commissioning plans from October 2016 and building on existing	<ul style="list-style-type: none"> <li>- YPWS</li> </ul>	<p>1 The Sexual Trauma and Recovery Pathway is designed to assess, support and help these young people and has been in place since April 2018. NELFT will prioritise</p>

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 qualitative progress update
	issues based on the outcome of Medway Council/CCG service review (2015)	commissioned programmes e.g. All Saints Children's Centre Art and Play Therapy programmes and Educational Psychology support for 'sad' events and critical incidents		the triage and assessment of these vulnerable children.
12.4.5	Design and commission a <b>community support model for children, young people and their families affected by learning disabilities and/or neurodevelopmental disorders</b> , 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. The service is implemented across Kent and Medway. It integrates effectively with community and paediatric services delivered by MCH and works to build on this relationship to improve outcomes of care.
12.4.6	Design and commission an <b>intensive support service within the community around positive behavioural support for children and young people with learning disabilities</b>	Inclusion within integrated Children and Young People's commissioning plans	<ul style="list-style-type: none"> <li>- Medway Council</li> <li>- Medway CCG</li> <li>- MCH</li> </ul>	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 <b>eating disorders</b>	Inclusion within integrated Children and Young People's commissioning plans	<ul style="list-style-type: none"> <li>- Medway Council</li> <li>- Medway CCG</li> <li>- Kent CCGs</li> </ul>	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.

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 qualitative progress update
12.4.8	Review practice against NICE guidelines for responding to the needs of children and young people affected <b>by self-harm</b> and identify evidence-based interventions to meet need	Inclusion within integrated Children and Young People's commissioning plans for October 2016	<ul style="list-style-type: none"> <li>- Medway Council</li> <li>- Medway CCG</li> <li>- Medway Public Health</li> <li>- YPWS</li> </ul>	<p>1 YPWS offers NICE concordant pathways of therapeutic interventions for deliberate self-harm</p> <p>2 Provision of advice on this topic will be part of the joint training programme described in 1.4.</p> <p>3 Medway PH have been successful in receiving funding for self-harm from the STP. A multi-agency self-harm working group, including YPWS are development and monitoring of Medway's strategy.</p>

**Table 12.5 – Very Complex Needs SMART Delivery Plan**

Ref	Improvement required	How will this be delivered?	By whom?	September 2019 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"> <li>- NHS England Specialised Commissioning Teams</li> <li>- Medway CCG</li> <li>- YPWS</li> </ul>	<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>MYWS are currently in contract negotiations with NHSI / South regarding the transfer of a Tier 4 facility.</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"> <li>- NHS England Specialised Commissioning Teams</li> <li>- Medway CCG</li> </ul>	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. The crisis team supports across Kent and Medway with 24/7 cover and out of hours management cover.
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## 13 Risks to delivery

Medway's Local Transformation Plan and the establishment 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.

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 resulting in the loss of key expertise and institutional knowledge.	4	2	8	<ul style="list-style-type: none"> <li>- Strong project methodology</li> <li>- Proactive engagement with staff through transfer</li> <li>- Encourage ownership of the model and understanding of the need for change</li> <li>- Maintain terms and conditions</li> </ul>
Workforce	Delay in recruitment to key posts and ongoing recruitment challenges	3	2	6	<ul style="list-style-type: none"> <li>- Positive and proactive recruitment strategy</li> </ul>

					<ul style="list-style-type: none"> <li>- Use of established bank staff arrangements</li> </ul>
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"> <li>- Awareness sessions and workshops with key staff and team during mobilisation</li> <li>- Transparent dialogue with commissioners of linked services</li> <li>- effective communication plan</li> <li>- Inclusion of emotional health and wellbeing pathway discussions with procurement of community paediatric and child health services</li> <li>- Where performance is related to service outcomes ensure interrelationship is monitored through contract meetings.</li> </ul>
Accountability	Mental health 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"> <li>- NELFT is already flowing data</li> <li>- Support is being given to MCH to enable them to flow data as soon as possible</li> <li>- Analysis during summer 2019 indicated that Medway met the 2019 target</li> </ul>

					- Need to expand providers flowing data to ensure meeting access targets.
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. Monthly meetings monitoring demand and waiting list times.

## 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

	July 19	June 19	May 19	Apr 19
Referrals Received				
Total Referrals received	236	242	280	224
Total number of accepted referrals into service	226	236	270	213
Total number of referrals rejected	10	6	10	11
Urgent referrals	15	14	19	15

Referral Source: Main 5 sources				
	July 19	June 19	May 19	April 19
General Medical Practitioner	80	71	78	77
Accident & Emergency	33	46	56	46
Carer	47	53	54	42
Community MH Team (internal)	16	17	17	10
Education Service	19	28	29	17

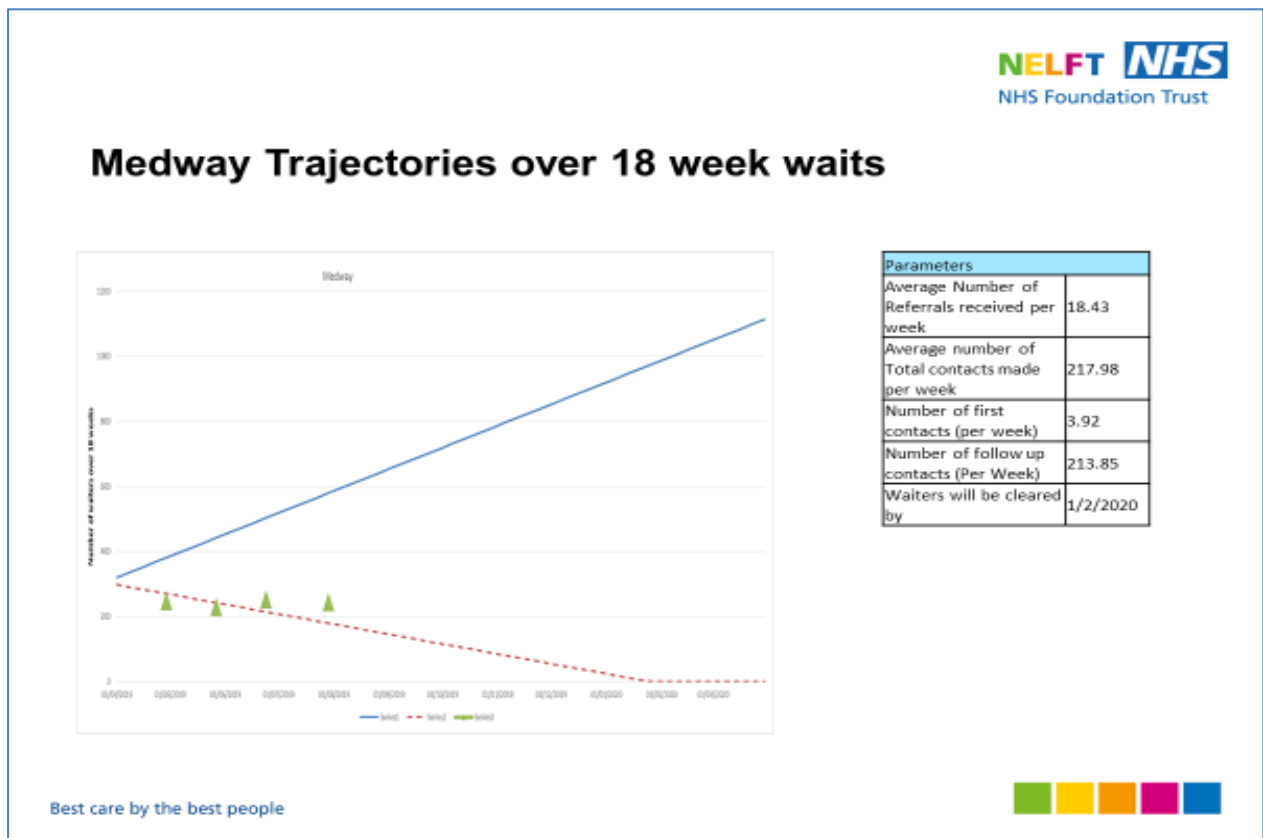
Percentage waiting over 18 weeks for routine treatment - National target 92% within 18 weeks				
	July 19	June 19	May 19	Apr 19
Routine treatment % waiting over 18 weeks	36%	39%	44%	44%

Average waiting times for April - July 2019

Average number of weeks waiting for assessment: 3 weeks (range 1.02 – 5.3 weeks)

Average number of weeks waiting for referral to treatment (where treatment has taken place): 54.8 weeks (range 50.7 – 62.4 weeks)

### Trajectory for reduction of over 18 weeks waiting list Sept 2019



Caseload				
	July 19	June 19	May 19	April 19
Total number of C&YP on all caseloads across all 5 pathways	1639	1662	1639	1435
Average number of weeks waiting for referral to treatment end (where treatment has taken place)	52	50	54	62
Total Number of CYP on all caseloads who are identified as LAC	88	84	79	60

Average number of weeks LAC are waiting for referral to treatment (where treatment has taken place)	32	35	28	47
Cases closed during monthly reporting period	294	261	413	335

Percentage of CYP who improved their validated outcome measurement scores between commencement of treatment, and at 6 months (or case closure if before 6 months)				
	July 19	June 19	May 19	April 19
No. and % who improved their validated outcome measurement score between commencement of treatment, and at 6 months	56%	60%	76.9%	72.7%

	July 19	June 19	May 19	April 19
Reduction in the no. & % representing to service	9.4%	13%	7%	13%
No. of CYP A&E presentations for MH	26	37	37	33
A&E presentations for self-harm	0%	8%	5%	3%
Presentations and assessed within 4 hours	89%	80%	73.9%	82.6%

The MYPWS includes a substance misuse pathway, delivered by Open Road

No. of young people who report being abstinent at treatment exit (30% target)				
	July 2019	June 2019	May 2019	April 2019
No. of young people who report being abstinent at treatment exit (30% target)	16.7%	0%	20%	41.6%

Number of young people who have reported a decrease in drug / alcohol consumption (70% target)				
	July 2019	June 2019	May 2019	April 2019
No. of young people who have reported a decrease in drug / alcohol consumption (70% target)	75%	100%	60%	50%

### Service Activity

	July 19	June 19	May 19	April 19
Number of face to face appointments	571	400	517	519
Number of non-face to face appointments	234	208	292	356
Number of DNA	174	114	134	162

### Gender profile - July 2019

Gender	Number	%
Male	101	35
Female	189	65
Not specified	3	0

### Age profile – July 2019

Age range	Number	%
0-4 years	0	0
5-9 years	9	3
10-15 years	142	54
16-18 years	114	43



## Ethnicity profile April – July 2019

Stated ethnicity	Number
Asian or Asian British – Other Asian background	3
Asian or Asian British – Bangladeshi	0
Asian or Asian British – Indian	2
Asian or Asian British – Pakistani	1
Black or Black British – African	2
Black or Black British – Other Black background	1
Black or Black British – Caribbean	0
Mixed – other mixed background	2
Mixed – White and Asian	1
Mixed – White and Black African	3
Mixed – White and Black Caribbean	2
Not known	39
Not stated	16
Other ethnic groups – any other ethnic group	1
Other ethnic groups – Chinese	0
White – any other white background	7
White – British	207
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

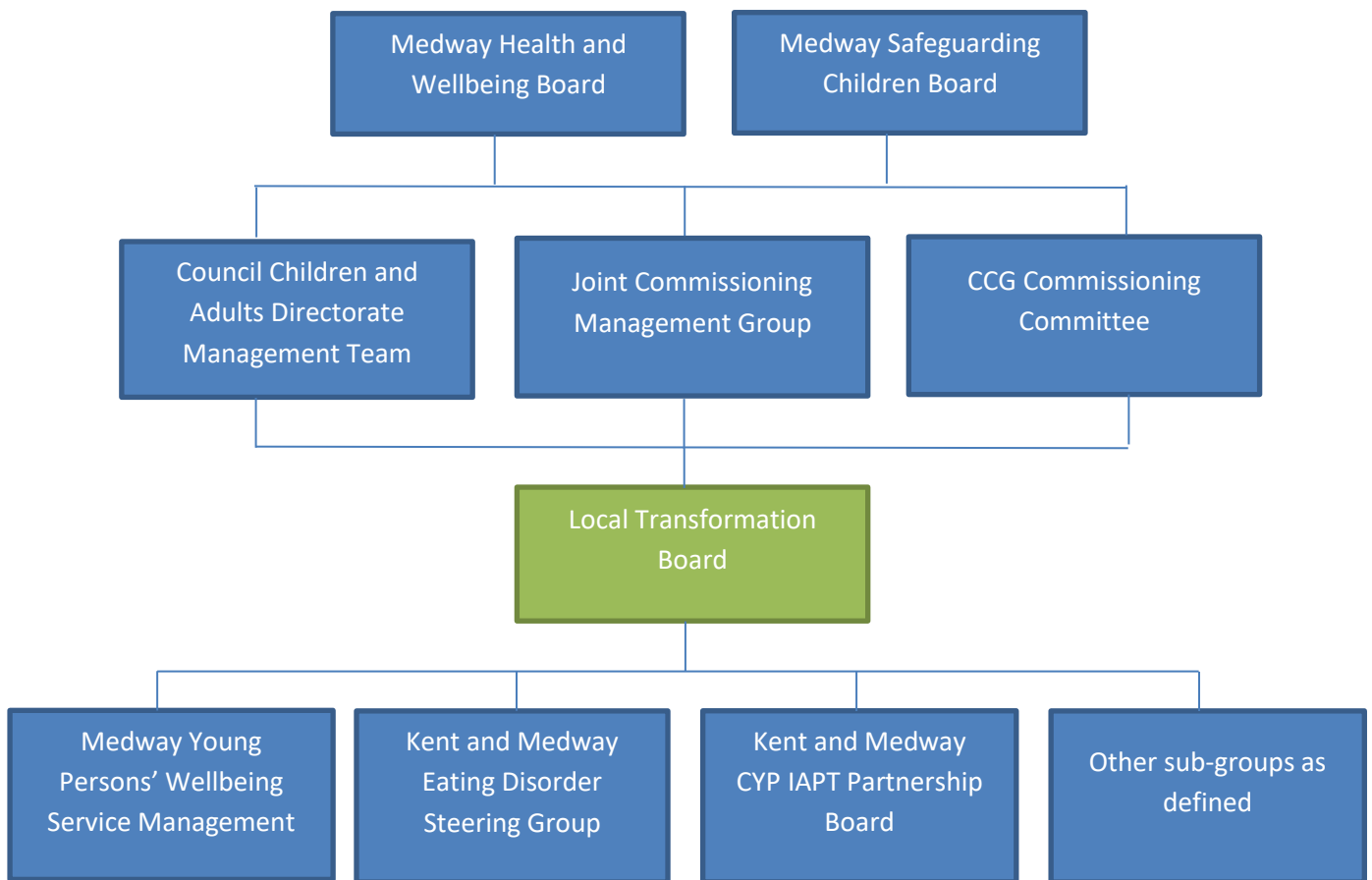
**Membership**

<b>Role</b>	<b>Organisation</b>
Head of Children’s Safeguarding	Council
Head of Early Help and Targeted Services	Council
Head of Commissioning	CCG
Head of Children’s (0-25) Partnership Commissioning	Council/CCG
Programme Lead – Mental Health and Emotional Wellbeing	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 October 2019.

## Appendix 3 Extracts from report: NHS England CYP MH access target performance, 2018/19

Produced by Emily Weitzel, CYP MH analyst, [Emily.Weitzel@kent.gov.uk](mailto:Emily.Weitzel@kent.gov.uk)

### Access Target: 2018/19 performance

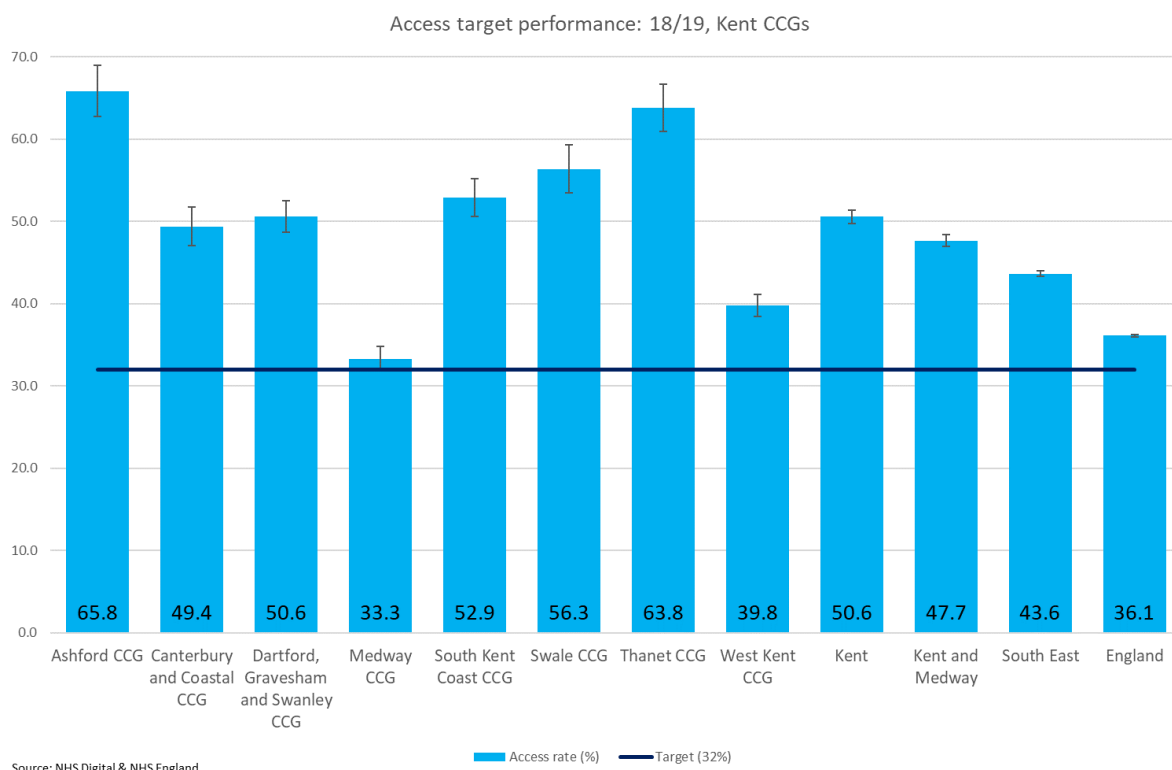
#### Kent & Medway CCGs

Against a national target of 32.0% for 2018/19, Kent and Medway STP achieved an access target of 47.7%. This means 47.7% of children with a diagnosable MH condition had access to treatment.

In Kent, 50.6% of CYP with a MH condition had access to treatment. This was significantly higher (95% confidence intervals) than the national access figure, which was 36.1% and the South East region access figure, which was 43.6%.

All seven CCGs in Kent achieved a higher access target than England but there was considerable variation. The access rate ranged from 33.3% in Medway CCG to 65.8% in Ashford CCG. All CCGs except West Kent CCG (39.8%) had a higher access rate than the South East region. Reasons for this variation are explored in section five of this document.

The graph below shows the percentage of CYP with a diagnosable MH condition who accessed treatment in 2018/19, against the target of 32.0%.

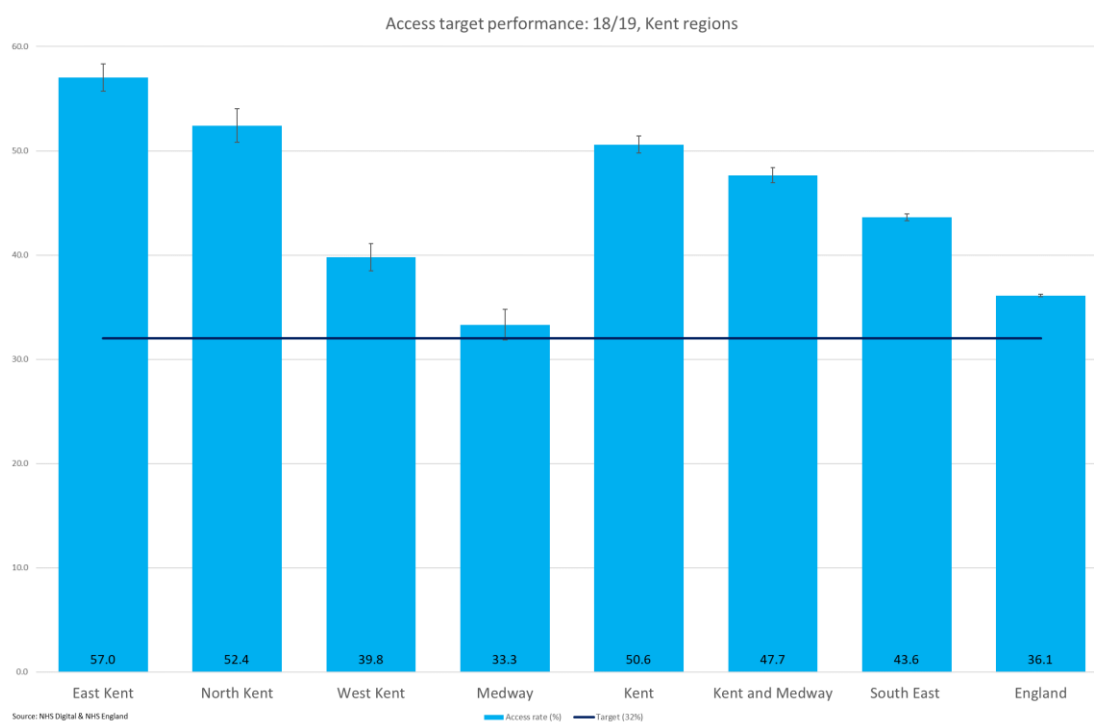


The table below shows the access rate, the number of CYP accessing services and the estimated number of CYP with a diagnosable MH condition.

CCG	CYP accessing services in 2018/19	CYP with a diagnosable MH condition	Access rate (%)
Ashford CCG	1700	2583	65.8
Canterbury and Coastal CCG	1725	3492	49.4
Dartford, Gravesham and Swanley CCG	2730	5397	50.6
Medway CCG	2020	6067	33.3
South Kent Coast CCG	2055	3887	52.9
Swale CCG	1425	2530	56.3
Thanet CCG	1890	2964	63.8
West Kent CCG	3555	8936	39.8
Kent	15070	29789	50.6
Kent and Medway	17090	35856	47.7
South East	66505	152411	43.6
England	377866	1046246	36.1

## Access Rates for Kent & Medway CCG Areas

The following graph displays access rates for East Kent (Ashford, Canterbury and Coastal, South Kent Coast and Thanet CCGs), North Kent (Dartford, Gravesham and Swanley and Swale CCGs), West Kent CCG and Medway CCG. As an area, East Kent CCG enabled 57.0% of CYP with a MH condition to access treatment and North Kent achieved 52.4%.



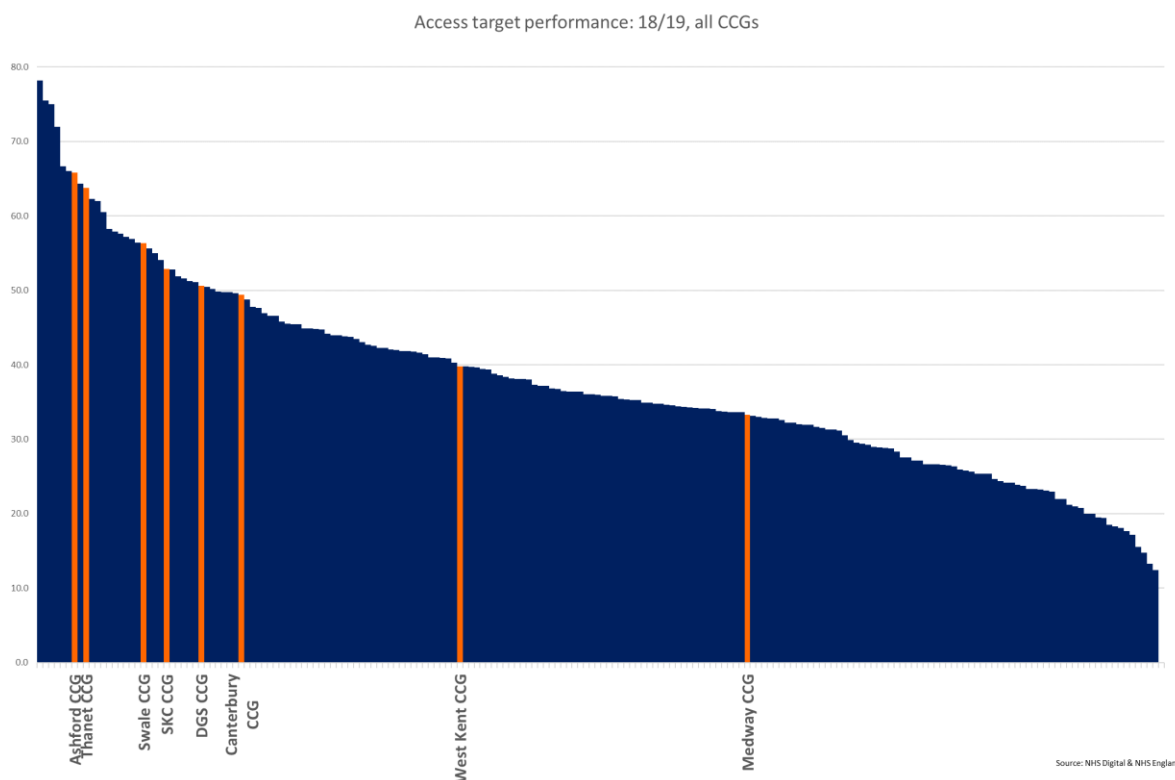
The table below shows these CCG area access data alongside the number of CYP accessing services and the estimated number of CYP with a diagnosable MH condition.

Area	CYP accessing services in 2018/19	CYP with a diagnosable MH condition	Access rate (%)
East Kent	7370	12926	57.0
North Kent	4155	7927	52.4
West Kent	3555	8936	39.8
Medway	2020	6067	33.3
Kent	15070	29789	50.6
Kent and Medway	17090	35856	47.7
South East	66505	152411	43.6
England	377866	1046246	36.1

### Kent & Medway CCGs compared to CCGs in England

The graph below displays the variation in access rates across the 195 CCGs in England. The access rates ranged from 12.4% in Leicester City CCG to 78.2% in Newcastle Gateshead CCG.

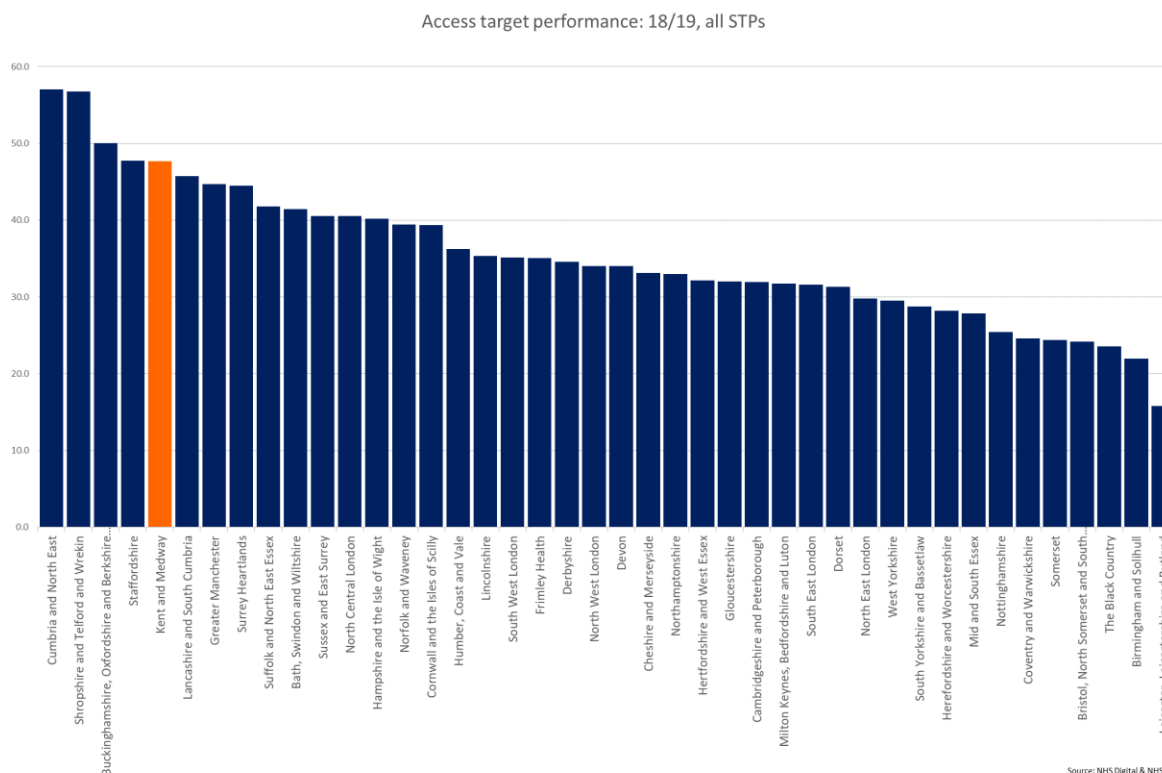
Ashford (65.8%) and Thanet (63.8%) CCGs were within the top ten highest performing CCGs nationally, and Swale (56.3%) and South Kent Coast (52.9%) CCGs are within the top 25 CCGs nationally.



## Kent & Medway STP compared to STPs in England

The graph below displays the variation in access rates across the 42 Sustainability and Transformation Partnerships (STPs) in England. The access rates ranged from 15.8% in Leicester, Leicestershire and Rutland STP to 57.0% in Cumbria and North East STP.

Kent and Medway STP were the fifth highest performing STP in relation to the CYP access target in 2018/19.



## Access Target: trend

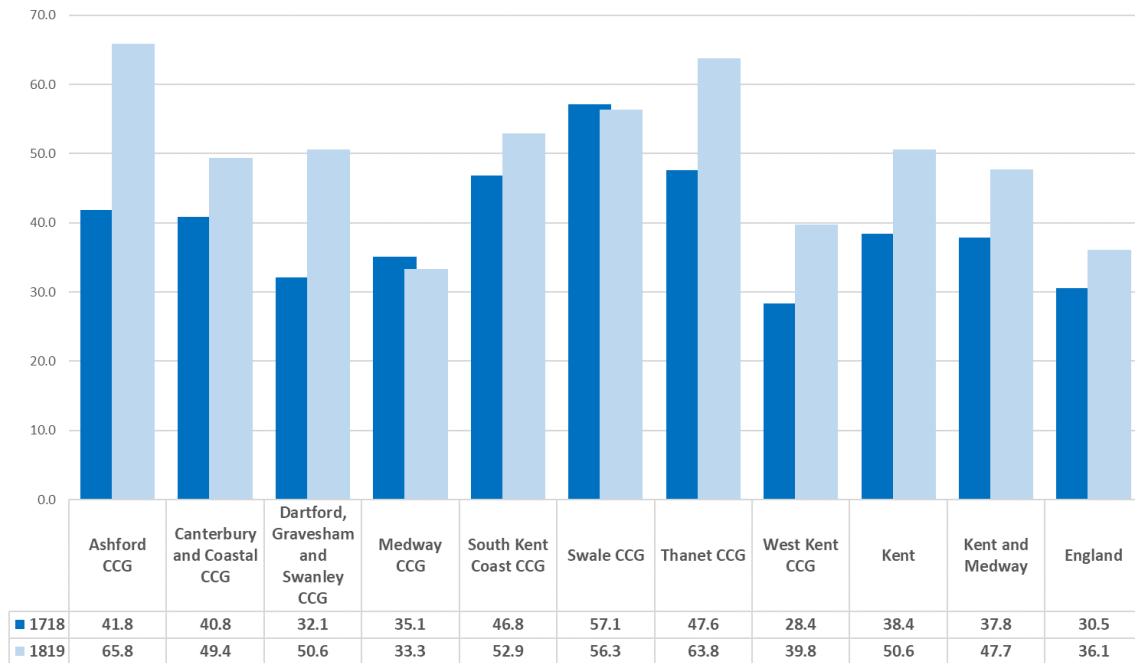
### Kent and Medway CCGs trend

The percentage of CYP with a MH condition accessing treatment in 2017/18 was 37.8% and this has increased to 47.7% in 2018/19, according to the data collected. Increases have been observed in access rates in all Kent and Medway CCGs apart from Swale (57.1% reduced to 56.3%) and Medway CCG (35.1% reduced to 33.3%). This is likely due to misinterpretation in data definitions rather than a real decrease in access.

The increases observed in access are largely due to an increased number of CYP accessing support within KCHFT, an increase in CYP accessing specialist MH services (provided by SPFT and NELFT in 2017/18 and NELFT in 2018/19) and an increase in CYP reported to access Mind and Body, delivered by Addaction.



Access target performance: trend



Source: NHS Digital & NHS England

There have been one-off data collections in both 2017/18 and 2018/19 to establish how many CYP accessed treatment; however, the 2016/17 data was only captured via the Mental Health Services Dataset. Therefore, the 2016/17 data have not been included for comparison.

Nationally, a greater number of providers made returns to the 2018/19 one-off data collection than that for 2017/18 and so data for the two years are not directly comparable for England. However, across Kent there is more confidence in the comparability of data.

## Provider level data

The following tables show the number of CYP reported to access each provider by CCG. Several non-Kent or Medway commissioned services contributed to Kent and Medway CCG’s access target performance. Numbers less than 5 are suppressed, identified by \*.

## Medway CCG

CCG	Provider	Source	Total CYP accessing
MEDWAY CCG	PORCHLIGHT	CYP	*
MEDWAY CCG	ELYSIUM HEALTHCARE	CYP	*
MEDWAY CCG	PRIORY GROUP LIMITED	MHSDS	*
MEDWAY CCG	ST ANDREW'S HEALTHCARE	MHSDS	*
MEDWAY CCG	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	CYP	*
MEDWAY CCG	NORTH WEST BOROUGH'S HEALTHCARE NHS FOUNDATION TRUST	CYP	*
MEDWAY CCG	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	CYP	*
MEDWAY CCG	NORTH EAST LONDON NHS FOUNDATION TRUST	CYP	1700
MEDWAY CCG	MEDWAY COMMUNITY HEALTHCARE	CYP	235
MEDWAY CCG	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	CYP	20
MEDWAY CCG	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	MHSDS	20
MEDWAY CCG	KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	CYP	20
MEDWAY CCG	OXLEAS NHS FOUNDATION TRUST	CYP	10

## Appendix 4 Improve access to Children and Young People’s Mental Health Services (CYPMH)

The Five-Year Forward View for Mental Health<sup>1</sup>, published in 2016, outlined the Government’s ambition that:

*“By 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it”.*

To meet this target Clinical Commissioning Groups (CCGs) are mandated to ensure that by 2020/21, 35% of CYP with a mental health (MH) need are able to access evidence-based MH treatment. CCGs have annual incremental targets to meet and are held to account on performance by NHS England. The table below shows NHS England’s target percentage of CYP with a diagnosable MH condition who should be able to access treatment each year.

2016/17	2017/18	2018/19	2019/20	2020/21
28%	30%	32%	34%	35%

The NHS Long Term Plan<sup>2</sup> set out expansions to Children and Young People’s Mental Health Services (CYPMHS) that will ensure delivery of the FYFVMH commitment to provide access to 70,000 additional CYP aged under 18 by 2020/21 and an additional 345,000 CYP aged 0-25 by 2023/24.

The latest NHS Digital data relating to the number of CYP aged under 18 accessing CYP MH services reports that within the last 12 months (up to May 2019), 13,220 CYP had accessed services within Kent and Medway and so this figure has been used as a baseline for 2019/20.

NHS England and NHS Improvement has made available the Mental Health Long Term Plan Ambitions Tool, an apportioning tool to support STPs in their LTP implementation planning. The tool apportions the national LTP access trajectories for the number of CYP aged 0-18 accessing treatment to STPs. The full LTP commitment for CYP aged 0-25 will be met by continued expansion of CYPMHS, the roll-out of MHSTs and delivering a comprehensive offer for 0-25-year-olds. Using figures provided by NHS England’s and NHS Improvement’s Mental Health Long Term Plan Ambitions Tool, the table below demonstrates the number of additional CYP that may be expected to access Kent and Medway services. Caveats are detailed below the table.

<sup>1</sup> Mental Health Taskforce (2016) The Five Year Forward for Mental Health. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFVfinal.pdf> [accessed 24th July 2019]

<sup>2</sup> NHS England (2019) Long Term Plan. Available at <https://www.longtermplan.nhs.uk/> [accessed 6<sup>th</sup> September 2019]

	NHS Five Year Forward View		NHS Long Term Plan				
	Year 4	Year 5	Year 1	Year 2	Year 3	Year 4	Year 5
	2019/20	2020/21	2021/22	2022/23	2023/24		
<b>Ambition (Five Year Forward View)</b>							
minimum number of CYP aged under 18 receiving treatment from an NHS-funded community MH service.	13,220	13,579	Continue to deliver FYFV activity levels plus additional LTP activity detailed below				
<b>Ambition (Long Term Plan)</b>							
minimum additional CYP aged <u>under 18</u> receiving treatment from an NHS-funded community MH service. <i>(to note, STPs should also ensure the expansion of staff in CYPMH Community Eating Disorder Teams to meet and maintain the waiting time standard for increasing the staffing profile set out in the guidance <a href="https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf</a> in line with the increased referrals)</i>	-	-	304	788	1,304		
minimum additional CYP <u>aged 18-25</u> receiving treatment from an NHS-funded community MH service. <i>(to note - the majority of young adults (18-25) will be seen in adult services. The funding and estimated numbers presented here represents an indicative number for those supported by enhanced local systems adapting their models of care to be more responsive to young adult needs. STPs and ICS will be asked to agree their baseline activity for 18-25 across all mental health programmes in the autumn)</i>	-	148	297	446	595		
Total CYP accessing services	13,220	13,727	14,179	14,812	15,477		

In 2018/19, 17,090 CYP aged under 18 accessed Kent and Medway's CYP MH services, according to data collected via NHS Digital's one-off data collection. Due to data quality issues, the number of CYP accessing services according to the MHSDS is lower than reported in the one-off data collection.

KCHFT is contributing substantially to the differences observed in access rates according to the MHSDS and one-off data collection, having reported approximately 4,500 CYP accessing their services in the one-off data collection. KCHFT access figures according to the MHSDS are approximately a quarter of this. Measures to improve data quality are in place; NHS Digital and NHS Improvement have been asked to support KCHFT in identifying the cause of the discrepancy.

The figures provided in the table above are therefore likely to be a conservative estimate of Kent and Medway's access figures.

The tables below show the trajectories at a CCG level within Kent and Medway. These figures have been calculated using the methodology above and dividing the Kent and Medway activity according to the under 18 and 18-25 population size within each CCG.

CCG	Predicted baseline from MHS data					Minimum additional CYP aged <b>under 18</b> receiving treatment from an NHS-funded community MH service.										
	2019/20	2020/21	2021/22	2022/23	2023/24	2019/20	2020/21	2021/22	2022/23	2023/24						
	Year one	Year two	Year three	Year four	Year five	Year one	Year two	Year three	Year four	Year five						
NHS Ashford CCG	1205	1515	1695	1985	1590	26	36	55	60	36	22	30	47	51	78	95
NHS Canterbury and Coastal CCG	1515	1695	1985	1590	980	36	55	60	36	23	19	30	47	51	78	95
NHS Dartford, Gravesham and Swanley CCG	1695	1985	1590	980	1545	26	36	55	60	26	22	30	47	51	78	95
NHS Medway CCG	1985	1590	980	1545	2615	26	36	55	60	97	82	212	351			
NHS South Kent Coast CCG	1590	980	1545	2615	--	36	55	60	36	97	82	212	351			
NHS Swale CCG	980	1545	2615	--	--	23	19	30	47							
NHS Thanet CCG	1545	2615	--	--	--	26	22	30	47							
NHS West Kent CCG	2615	--	--	--	--	97	82	212	351							
<b>Kent and Medway</b>	--	--	--	--	--	<b>359</b>	<b>304</b>	<b>788</b>	<b>1304</b>							

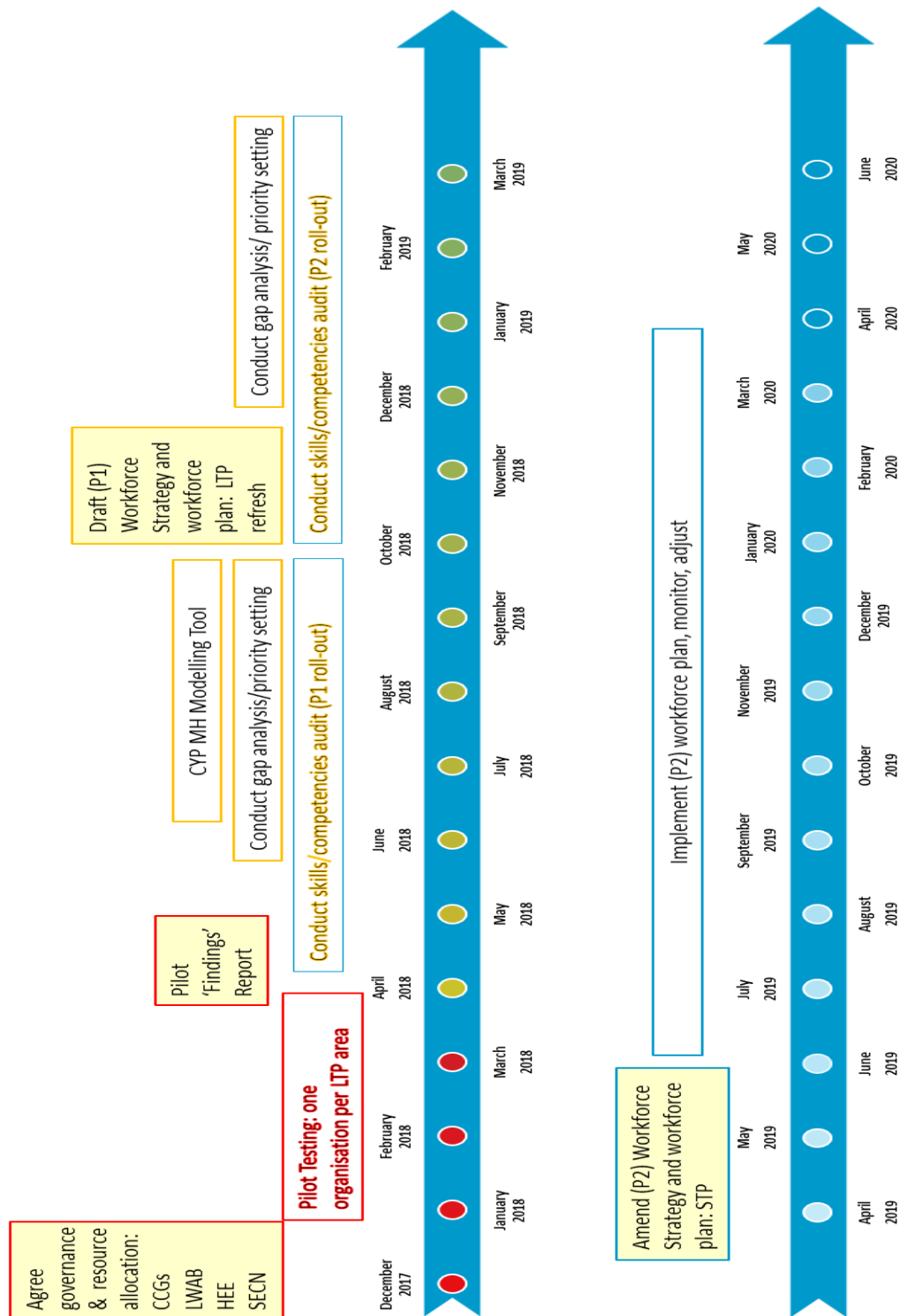
CCG	Minimum additional CYP aged <b>18-25</b> receiving treatment from an NHS-funded community MH service.				
	2019/20	2020/21	2021/22	2022/23	2023/24
	Year one	Year two	Year three	Year four	Year five
NHS Ashford CCG	--	10	20	30	39
NHS Canterbury and Coastal CCG	--	30	61	91	122
NHS Dartford, Gravesham and Swanley CCG	--	19	39	58	78
NHS Medway CCG	--	23	47	70	94
NHS South Kent Coast CCG	--	14	29	43	58
NHS Swale CCG	--	9	17	26	34
NHS Thanet CCG	--	10	20	31	41
NHS West Kent CCG	--	32	64	97	129
<b>Kent and Medway</b>	--	<b>148</b>	<b>297</b>	<b>446</b>	<b>595</b>

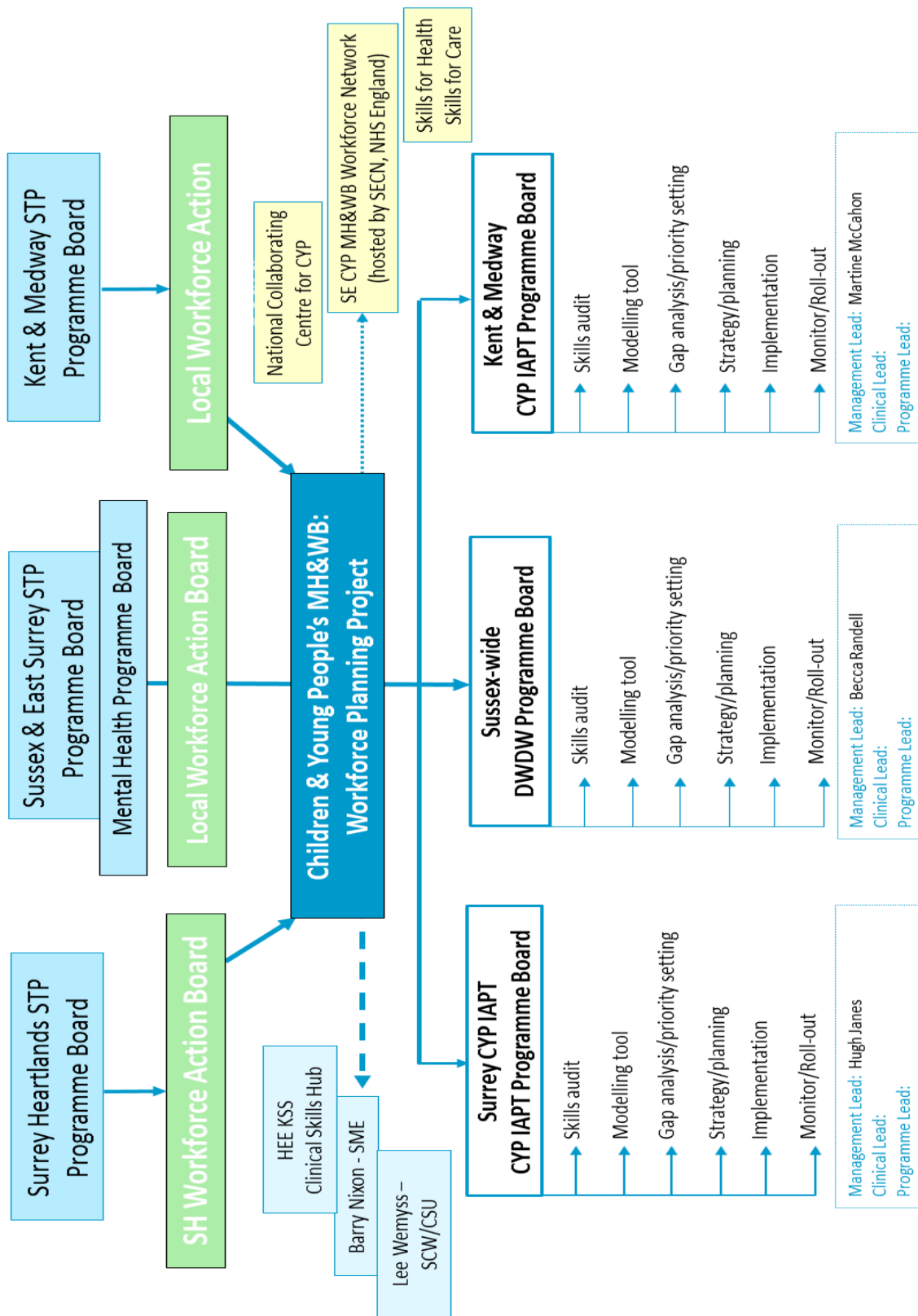
Produced by Emily Weitzel Senior Analyst - Children and Young People's Mental Health Transform

# Appendix 5 Southeast strategic workforce development plan draft timeline and governance structures



Outline workforce strategy for K & M 20





## Appendix 6 Stakeholders supporting Medway's Local Transformation Plan for CYP MHEW refresh 2019/20

Andrew Willetts	Head of Service	Medway Council / Medway CCG
Michael Griffiths	Partnership Commissioning Programme Lead	Medway Council / Medway CCG
Lorraine Foster	Partnership Commissioning Programme Lead (Transformation)	Medway Council / Medway CCG
Sue Edmed	Senior Partnership Commissioner	Medway Council / Medway CCG
Rachel Horner	Programme Lead for Looked After Children and Care Leavers	Medway Council
Heidi Ward	Programme Lead (Young Carers)	Medway Council / Medway CCG
Aeilish Geldenhuys	Head of Public Health	Medway Council
James Harman	Senior Public Health Manager Public Health	Medway Council
Anthony Sands	Health Improvement Programme Manager (Domestic Abuse) Public Health	Medway Council
Sofie Wheeldon	Health Improvement Programme Manager (Child health) Public Health	Medway Council
Sarah Richards	Health Improvement Project Officer (Self harm) Public Health	Medway Council
Ken Dance	Operations Manager Medway YOT	Medway Council
Davina Giles	Practice Manager Medway YOT	Medway Council
Donna Mills	Business Unit Team Manager Children's and Young People	Medway Council
Kevin Smart	School Challenge and Improvement Lead	Medway Council
Rebecca Smith	School Challenge and Improvement Lead	Medway Council
Roy Smith	Operations Manager Medway Youth Service	Medway Council
Sarah Hall	Virtual School Head Teacher	Medway Council
Sharon Dosanjh	Head of Mental Health	NHS Medway CCG
Simon Wady	Communications Team	NHS Medway CCG
Kevin Smith	Communications Team	Medway Council
Nancy Sayer	Designated Nurse for Looked After Children	Kent and Medway CCG's
Paul Haith	Deputy Designated Nurse for Looked After Children	Kent and Medway CCG's
Sue Gibbons	Designated Clinical Officer for SEND for Kent and Medway	Kent and Medway CCG's
Gill Burns	Director of Operations Essex and Kent	NELFT
Brid Johnson	Director of Children's Services Essex and Kent	NELFT
Bonny Andrews	Operations Manager	NELFT
Sandra Byrant	Head of Service	NELFT



	Kent and Medway CYP Service	
Laura McKenna	Assistant Contracts Manager	Optum Health Solutions
Lara Hogan	Programme Lead	Academy of Public Health
Gill Lane	Workforce Lead	STP Kent and Medway
Emily Weitzel	Senior Analyst - Children and Young People's Mental Health Transformation	Kent County Council
Kim Solly	Project Manager	STP Kent and Medway
Lauretta Kavanagh	Mental Health Programme Director	STP Kent and Medway
Sue Mullin	Interim Senior Commissioning Manager	NHS East Kent CCG
Dave Holman	Associate Director of Mental Health, Children's and Maternity Commissioning	NHS West Kent CCG
Vanessa Vassallo	Senior Quality Improvement Lead South East (KSS) Clinical Networks	NHS England
Claire Scott	Senior Quality Improvement Lead South East (KSS) Clinical Networks	NHS England

## Glossary of Terms

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

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

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

