



## Kent and Medway

Children, young people and young adults'  
emotional wellbeing and mental health  
Local Transformation Plan 2021



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# Introduction to this document

Clinical Commissioning Groups have been required to publish Local Transformation Plans (referred to as LTPs) annually since 2015, outlining how they will use their [Five Year Forward View for Mental Health](#) (FYFVFMH) funding to improve and increase services for children and young people's emotional wellbeing and mental health.

NHS England requires that these plans:

*"set out the local whole-system commitment to improve children and young people's mental health services. The annual refresh allows local areas to ensure that their LTP is a live working document....Not all elements of the LTP will require significant updating but the document should present a coherent overview of the current status, improvements made and future intentions...a good quality refreshed LTP should be through the eyes of the range of people who will/may read it e.g. local young people, commissioners, providers or national bodies."*

Historically, Kent and Medway have produced separate plans. However, with Kent and Medway becoming a single CCG in April 2020 and an Integrated Care Board (ICB) from April 2022, we are closely aligned our work and this is our first Kent and Medway LTP. It focusses on the commitments for children, young people and young adults within the [NHS Long Term Plan](#).

This version is the sixth iteration of our plan. Previous versions of Kent and Medway's LTPs can be found on the [CCG's website](#) for reference. You can find a glossary of terms at [Appendix 1](#) as we realise that some of the phrases used are quite technical.

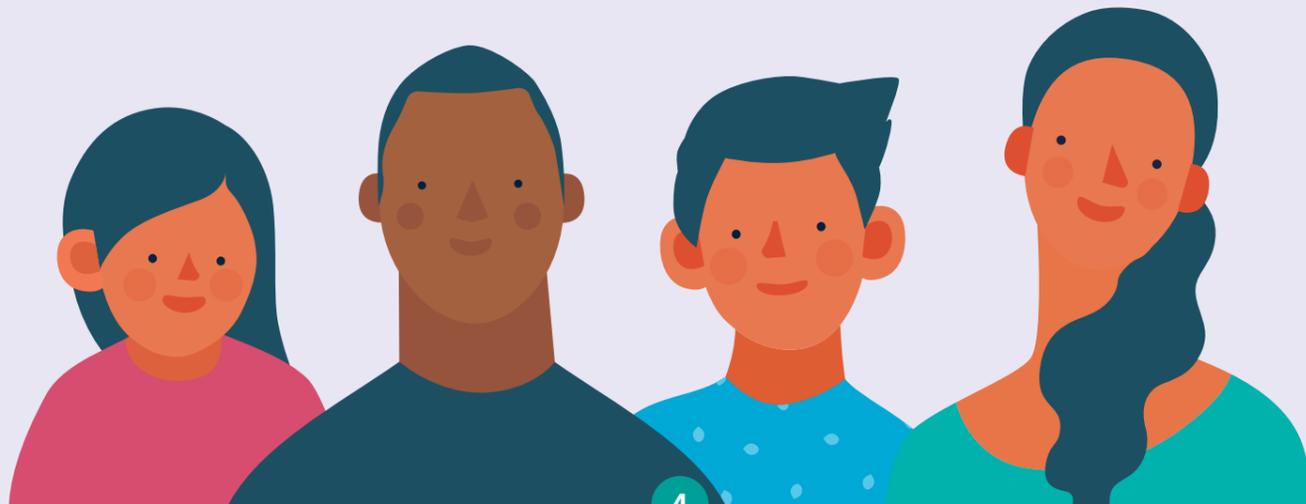
Our LTP is a publicly available document, as well as having to provide assurance to NHS England and Improvement (NHSE/I) that our LTP programme is effective according to the national guidelines. NHSE/I reviews our LTP alongside their 'Key Lines of Enquiry' (KLOE) template which they use to assure our programme.

We refer to 'children and young people' when referring to people up to their eighteenth birthday and make specific note when the age group extends to 25, using the term 'young adult'. We also refer to 'family' when referring to anyone who may be involved in the care of a child, young person or young adult in a family context.



## As part of our review we have:

- ✓ reviewed prevalence and trends of the emotional wellbeing and mental health of children, young people and young adults to understand new emerging needs or gaps
- ✓ refreshed our governance arrangements so that the LTP is best placed within the health and local authority governance structures
- ✓ reviewed emerging evidence of the impact of the COVID-19 pandemic
- ✓ reviewed and updated our priorities according to the latest national and local information including the NHS Long Term Plan and Mental Health Delivery Plan 2021-2022 (see [Appendix 2](#))
- ✓ engaged with key stakeholders to make sure our LTP is reflective of our collective needs, and that children's, young people's and young adults' voices are heard



# Executive Summary

When we refreshed our Local Transformation Plans (LTPs) in October 2019, nobody could have predicted what 2020 would bring. The coronavirus (COVID-19) pandemic has had a profound impact on everyone and we are yet to understand the full impact on the emotional wellbeing and mental health of children, young people, young adults and their families.

*Future in Mind, The Five Year Forward View for Mental Health* and the *NHS Long Term Plan* have been instrumental in shining a much-needed spotlight on the shortfalls in access and support for children and young people's mental health. Using the funding attached to these programmes, we have made great progress in making sure that we have been able to offer more support than before to children and young people in Kent and Medway. However, COVID-19 has increased the number of children and young people who now need support. We also know that some groups have been particularly affected by COVID-19 and the lockdowns. There is a lot of work to do.

One in six children and young people aged five to 16 years had a probable mental health condition in 2020 with a further one in ten having a possible mental health disorder, according to a national survey commissioned by NHS Digital<sup>1</sup>. This is a statistically significant increase in the prevalence of mental illness in comparison to the NHS Digital survey conducted in 2017<sup>2</sup>, which estimated that one in nine children and young people aged five to 16 years had a probable mental health condition.

In April 2020, the eight Kent and Medway clinical commissioning groups (CCGs) merged into the new NHS Kent and Medway CCG. While we have historically worked closely, the merger provides a greater opportunity to focus on making sure children, young people, young adults and their families receive a consistent offer regardless of where they live in Kent and Medway. The establishment of Integrated Care Boards provides a further opportunity to build on existing partnerships across health and local authorities and to develop place-based priorities to reduce inequalities.

Kent and Medway CCG has just taken the first steps in rolling out the THRIVE framework<sup>3</sup> which will enable our systems to better align and reduce inequalities. We have worked to extend services across both Kent and Medway and have extended age ranges up to 25 where possible. We are looking at how we can reduce inequalities by focussing on particular groups who are at higher risk of mental ill health.

With this amount of change, in an area as complex as emotional health and wellbeing, system-wide transformation increasingly involves an approach that is driven by partnership working.

## Priorities for 2021 and beyond

- identifying and providing support for those children and young people at greatest risk
- supporting children and young people with neurodevelopmental needs or learning difficulties
- improving transition and increasing the support available to young adults
- increasing partnership coordination of early intervention and prevention interventions
- reducing inequality in access rates across Kent and Medway utilising the ICP place-based approach
- responding to COVID-19 in line with emerging evidence, and responding to immediate system pressures
- better understanding outcomes for children and young people from their interventions and the impact of services.

**One in six**  
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condition in 2020



<sup>1</sup>NHS Digital CYP MH survey, 2020 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-peoplein-england/2020-wave-1-follow-up> [accessed 26th November 2020]

<sup>2</sup>NHS Digital CYP MH survey, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-peoplein-england/2017/2017> [accessed 11th December 2020]

<sup>3</sup>THRIVE Framework <https://www.annafreud.org/mental-health-professionals/thrive-framework/> (accessed 3rd September 2021)

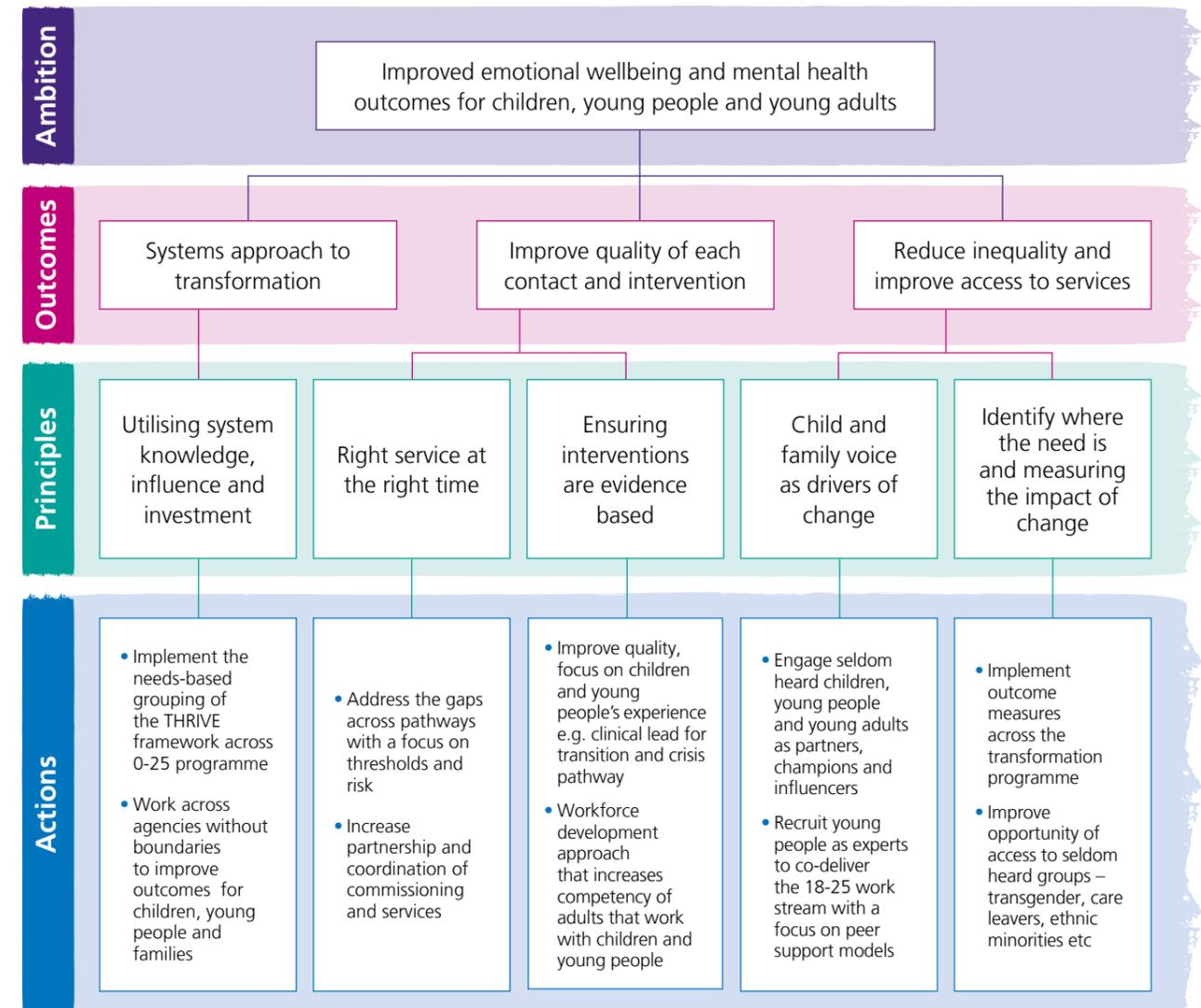
# 1



## Ambition and outcomes

We have developed a set of outcomes, principles and actions so that we can measure whether our programme is meeting its ambition of improving the emotional wellbeing and mental health outcomes for children, young people and young adults. When we consider any areas of new work within our programme, we are able to ensure it reflects our ambition. Some of what we do is easily measurable through the Mental

Health Services Data Set (MHSDS), such as increasing the number of interventions our children, young people and young adults are having with evidence-based services. However, some of what we do is not reported into the MHSDS and so we need to evidence it in different ways. The coproduction and engagement work we have done as part of the programme is one example of this (see [Participation and engagement section](#))



## 2



## Prevalence, need and inequalities

It is critical for us to understand the prevalence of mental health issues, levels of need, and how these can differ across different groups of children, young people and young adults<sup>4,5</sup>. This helps us to put the right services in place to meet the needs of our children and young people. Throughout this document we utilise additional information on need and prevalence that has been gathered from a range of agencies. This helps us to better take a whole system approach when looking at a child in terms of their community.

To better understand children, their families and the system of organisations involved in supporting children and young people, an integrated, linked dataset is required. Over the next few years, Kent and Medway organisations are developing and improving our access to linked data and we will ensure that data relating to children and young people are prioritised. This would enable further joined-up working between organisations, a greater awareness of how our services are used and the pathways between them, improved understanding of the needs of our children and young people.

NHS Digital conducted surveys to understand children and young people's mental health in 2004 and 2017. NHS Digital commissioned a smaller follow-up survey in 2020<sup>6</sup> to study changes in mental disorder prevalence (based on Strengths and Difficulties Questionnaire (SDQ) scores) and capture experience of the COVID-19 pandemic. Based on SDQ scores, children and young people are divided into three categories; unlikely to have a mental disorder; possible mental disorder; and probable mental disorder.

When the 2004 prevalence survey was updated in 2017, it indicated that more children and young people were likely to have a possible or probable mental health need, and there is evidence that the COVID-19 pandemic has increased this likelihood.

For both males and females, and in all age groups (five to 10, 11 to 16 and five to 16 years), rates of probable mental disorders increased statistically significantly between 2017 and 2020. In 2020, one in six (16 per cent) children aged five to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8 per cent) in 2017.



**During July 2020, one in five young adults aged 17 to 22 and one in ten children and young people aged five to 16 years did not seek help for a mental health concern<sup>6</sup>**



<sup>4</sup><http://www.medwayjsna.info/jsna-appendices-children.html>

<sup>5</sup>[https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0006/87459/Emotional-and-mental-Health-Needs-Assessment-for-Children-.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0006/87459/Emotional-and-mental-Health-Needs-Assessment-for-Children-.pdf)

<sup>6</sup><https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up> [accessed October 2020]

Certain cohorts of children and young people have higher rates of mental illness than others and therefore are more likely to face inequalities in their ability to access advice, help and risk support:

- one in four women aged 17 to 22 years has a probable mental disorder
- individuals in deprived areas have the highest mental illness rates but also experienced the biggest mental illness prevalence increase from 2017 to 2020. High deprivation areas in Kent and Medway include Thanet, Dover and Swale<sup>7</sup>
- children and young people aged five to 16 whose parents had poor mental health were three times as likely to have probable mental disorders themselves. A sixth of adults experience common mental health problems (like anxiety or depression) in any given week in England<sup>8</sup>. King's College London research showed that half of adults felt more depressed or anxious than usual due to the pandemic<sup>9</sup>
- sixty per cent of Looked After Children / Children in Care are estimated to have some form of emotional or mental illness<sup>10</sup> and among Unaccompanied Asylum Seeking Children (UASC) there is specifically high likelihood of clinically significant disorders such as post-traumatic stress disorders (PTSD), depression and anxiety<sup>11</sup>. There were 237 UASC in Kent and Medway in 2021<sup>12</sup>
- young offenders have higher rates of mental illness than the general population; with prevalence estimates of 25 per cent to 81 per cent for individuals in the criminal justice system, with the highest rates among those in custody<sup>13</sup>. During 2020/2021, there were 1,005 young people given an Out of Court Disposal or Substantive Court Outcome in Kent, of which 294 had completed an assessment and planning interventions framework. Of these children and young people with completed assessments, 148 (50 per cent) were in contact with mental health services. In Medway, 49 young people were given a Substantive Court Outcome or Community Resolution in 2020/2021, and of these 26 (53.1 per cent) were in contact with mental health services<sup>14</sup>
- young LGBT+ people are at increased risk for numerous psychiatric and other health problems, including tobacco and substance use, disordered eating, anxiety, depression, and suicidality<sup>15</sup>. Data on the number of young people in Kent and Medway who are LGBT+ is unavailable, however, approximately 36 young people per week attended *The BeYou Project's* online support sessions throughout the last year<sup>16</sup>
- approximately five per cent of children experience the death of a parent or sibling by the time they are 16<sup>17</sup>. Children and young people who have been bereaved may experience anxiety, depressive symptoms, fears, anger, and regression regarding



developmental milestones<sup>18</sup>. Our new specialist bereavement service, which will be available from September 2021, will help us to understand the need in Kent and Medway

- a young carer is someone under 18 years who cares for a family member or friend who has a physical or mental health condition, or misuses substances<sup>19</sup>. A third of young carers may have a mental health condition. Kent Community Health NHS Foundation Trust (KCHFT) run Kent's Children and Young People's Counselling Service and reported that five per cent of referrals for emotional wellbeing in a 6-week period between June and July 2021 were for young carers
- children and young people who experienced Adverse Childhood Experiences (ACEs) are at increased risk of various mental illnesses including depression, PTSD, conduct problems, substance abuse, self-harm, eating disorders and suicidal

thoughts and attempts. This increased risk affects both childhood and adulthood<sup>20</sup>. Research conducted by Public Health Wales found that 47 per cent of adults suffered at least one ACE in their childhood, while 14 per cent suffered four or more<sup>21</sup>

- where the choice is made to home educate children, they may experience positive mental health benefits, however, social isolation can contribute to depression<sup>22</sup>. Across Kent, as at June 2021, there were 3,117 children and young people who were electively home educated. In Medway there were 717 children and young people who were registered as electively home educated at some point during the academic year of 2020/2021. For both Kent and Medway, the number of electively home educated pupils was higher in 2020/2021 than previous years<sup>23</sup>.

<sup>7</sup>Indices of Multiple Deprivation, DCLG, 2010

<sup>8</sup>McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014*.

<sup>9</sup><https://www.ipsos.com/ipsos-mori/en-uk/life-under-lockdown-coronavirus-uk> [accessed June 2020]

<sup>10</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf) (accessed September 2020)

<sup>11</sup><https://www.nice.org.uk/guidance/ph28/resources/looked-after-children-ep23-unaccompanied-asylum-seeking-children-john-simmonds-andflorence-merredew2> [accessed June 2020]

<sup>12</sup>Kent County Council Management Information Team and Medway Council Business and Intelligence Team

<sup>13</sup>The Mental Health Foundation, 2002, *The Mental Health Needs of Young Offenders*

<sup>14</sup>Kent County Council and Medway Council

<sup>15</sup>Lothwell, L.E., Libby, N., Adelson, S. L. (2020), *Mental Health Care for LGBT Youths, FOCUS: Psychotherapeutic Engagements With LGBTQ+ Patients and Their Families* 18(3)

<sup>16</sup>Porchlight BeYou project

<sup>17</sup>Long-term impact of childhood bereavement Preliminary analysis of the 1970 British Cohort Study (BCS70) (Parsons, 2011)

<sup>18</sup>Bereavement in childhood: the impact on psychological and educational outcomes and the effectiveness of support services. A rapid review (Akerman and Statham, 2014).

<sup>19</sup>The Children's Society, <https://www.childrensociety.org.uk/what-we-do/our-work/supporting-young-carers/facts-about-young-carers> [accessed August 2021]

<sup>20</sup>BMJ 2020;371:m3048 [accessed June 2021]

<sup>21</sup><https://phw.nhs.wales/topics/adverse-childhood-experiences> [accessed June 2021]

<sup>22</sup>Thorrell and colleagues, 2021, <https://link.springer.com/article/10.1007/s00787-020-01706-1>

<sup>23</sup>Kent County Council Management Information Unit and Medway Council

## 3



## Impact of the COVID-19 pandemic

COVID-19 has had a significant impact on children, young people and their families with general demand increasing across all services and a concerning rise in acuity and complexity for those children who need urgent or emergency care, as evidenced in the recent NHS Federation report 'Reaching the tipping point: Children and young people's mental health'<sup>24</sup>. Kent and Medway's COVID-19 response, supported by NHSE/I and NHS investment, has paid particular attention to increasing general emotional wellbeing and mental

health service capacity and supporting the pressures within crisis and eating disorder pathways. There is in place a coordinated system-response, with oversight from the Mental Health, Learning Disability and Autism Improvement Board and Kent and Medway's Integrated Children's Delivery Board (see [Governance section](#)). Action planning and delivery is continuing across agencies to increase crisis prevention services, support general hospital resilience and increase inpatient capacity as well as reducing length of stays.

### National and regional findings

- NHSE/I local sub-regional analysis of COVID-19 has shown that the 2020/2021 increase in children and young people's mental health referrals has been within the region of 70-107 per cent
- NHS Benchmarking warns of a 20 to 60 per cent surge in children and young people's mental health referrals in 2021/2022. For the South East region where the surge has been higher, this figure is expected to be between 40 to 60 per cent, and perhaps between 40 per cent and 50 per cent in Kent and Medway
- Across the NHSE/I South East Provider Collaborative footprints (for Kent and Medway this is a Kent and Sussex footprint) delays to Children and Young People's Mental Health Services (CYPMHS) Tier 4 admissions/transfers have increased. NHSE/I report that Tier 4 inpatient demand has been on an unsustainable upwards trend since June 2020, particularly within eating disorder services.

Work is underway across the South East region to better understand the profile of our 'hidden' children; those who have been unexpectedly presenting in urgent care pathways and were not previously known to services. Our providers will contribute to a NHSE/I survey, and draw out any themes that can help inform specific system changes to reach these 'hidden' children.



**NHS Benchmarking warns of a 20 to 60 per cent surge in children and young people's mental health referrals in 2021/2022**

<sup>24</sup><https://www.nhsconfed.org/publications/reaching-tipping-point>

## Kent and Medway findings

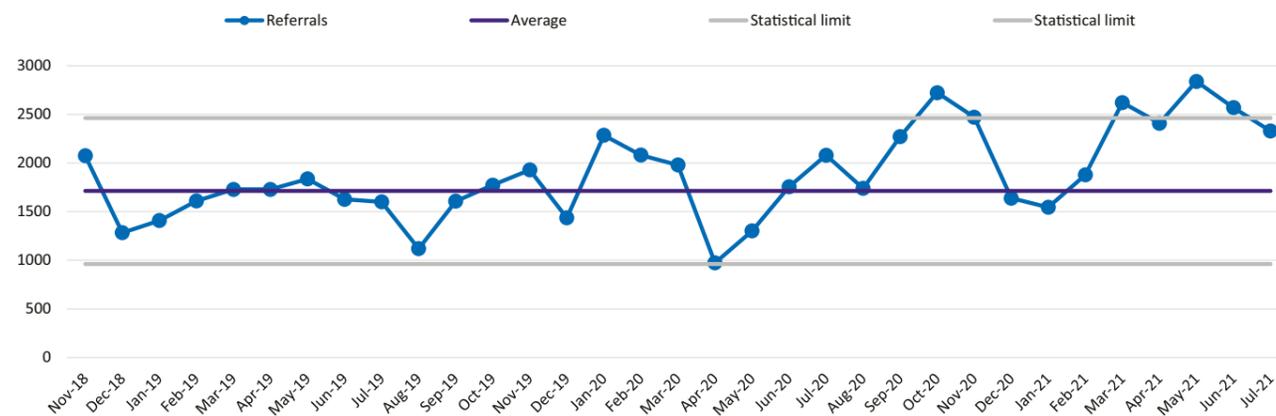
Referral rates into all emotional wellbeing and mental health services reduced during lockdowns and increased once children and young people returned to school. The graphs below, showing data for our two largest providers, indicate this and [Appendix 3](#) explains the statistical limits shown within the graphs. North East London NHS Foundation Trust's (NELFT) Kent and Medway mental health services, and Kent Community Health NHS Foundation Trust's (KCHFT) Children and Young People's Counselling Service both experienced statistically significant increases in referrals.

### Increased demand in specialist pathways:

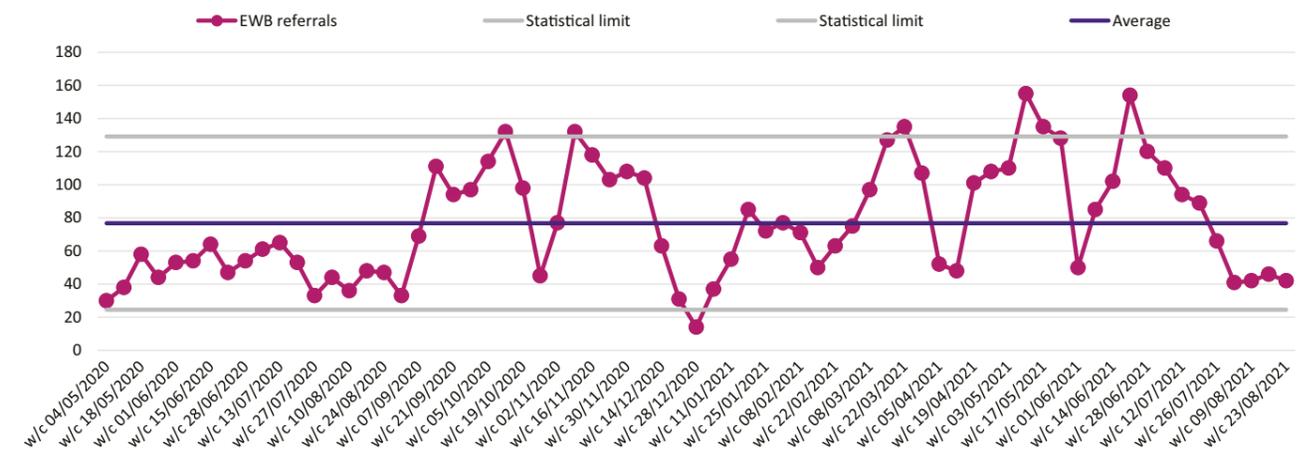
The key pressures are within the:

- neurodevelopment diagnostic pathway: Unlike emotional wellbeing and mental health services, there was no referral suppression during the lockdowns and the diagnostic assessment licence (ADOS) was not valid for use virtually or while wearing PPE which also had an impact on the waiting times of all providers
- eating disorder pathway (see [Eating disorders section](#))
- urgent and emergency care pathway (see [Crisis section](#)).

Number of referrals to NELFT SPA for Kent and Medway



Number of referrals to KCHFT for emotional wellbeing in Kent



Most services reported an increase in children and young people experiencing anxiety, depression and increased needs associated with trauma.

“Workers have noticed an increase in more complex cases over the last four weeks. Workers now have more young people on caseload working with Early Help. There is an increase in domestic abuse being reported within the family home and the safeguarding work has increased.”

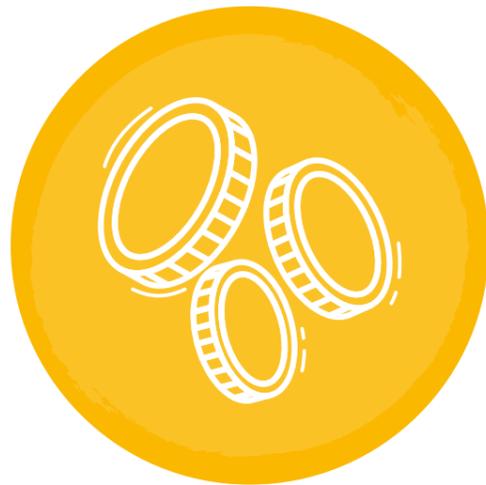
(Porchlight, April 2020)



## Kent and Medway's COVID-19 response

The Kent and Medway system coordinated its COVID-19 response utilising emergency arrangements to respond as quickly as possible. All partners were engaged in response and then recovery mechanisms. With regard

to children and young people's emotional and mental health needs, a series of actions were undertaken which included:



### Increased investment

Kent and Medway CCG utilised the Mental Health Investment Standard (MHIS) requirement to identify increased investment which was utilised using the Local Transformation Plan/NHS Long Term Plan framework. This meant that we were able to rapidly expand existing provision where possible, and invest in areas where we might not have invested previously, such as bereavement services and online counselling services. In addition to the MHIS growth, Kent and Medway CCG bid for and received investment from NHSE/I Winter Pressure funding and System Development Funding to support children and young people on the crisis and complex pathway.

### Focussing on specialist pathways

The CCG worked with NELFT and other providers to increase their workforce capacity within the crisis response service and increased case coordination and liaison with the acute trusts. Increased investment was released to support the eating disorder and neurodevelopmental pathways.



### Increasing capacity

The CCG, Kent County Council (KCC) and Medway Council worked together to coordinate the existing capacity within a number of services to enable a degree of increased system resilience. Where possible, commissioners worked to expand existing services, increasing coverage to Kent and Medway and age coverage up to 25 years where appropriate.

New investment was also identified to commission new services to meet emerging gaps created by the pandemic such as online services, suicide prevention services, bereavement services and suicide prevention strategy refresh. Kent Public Health worked to increase capacity in its Children and Young People's Counselling Service, and increased the reach of Kooth, an online mental wellbeing community, into all 12 districts of Kent.

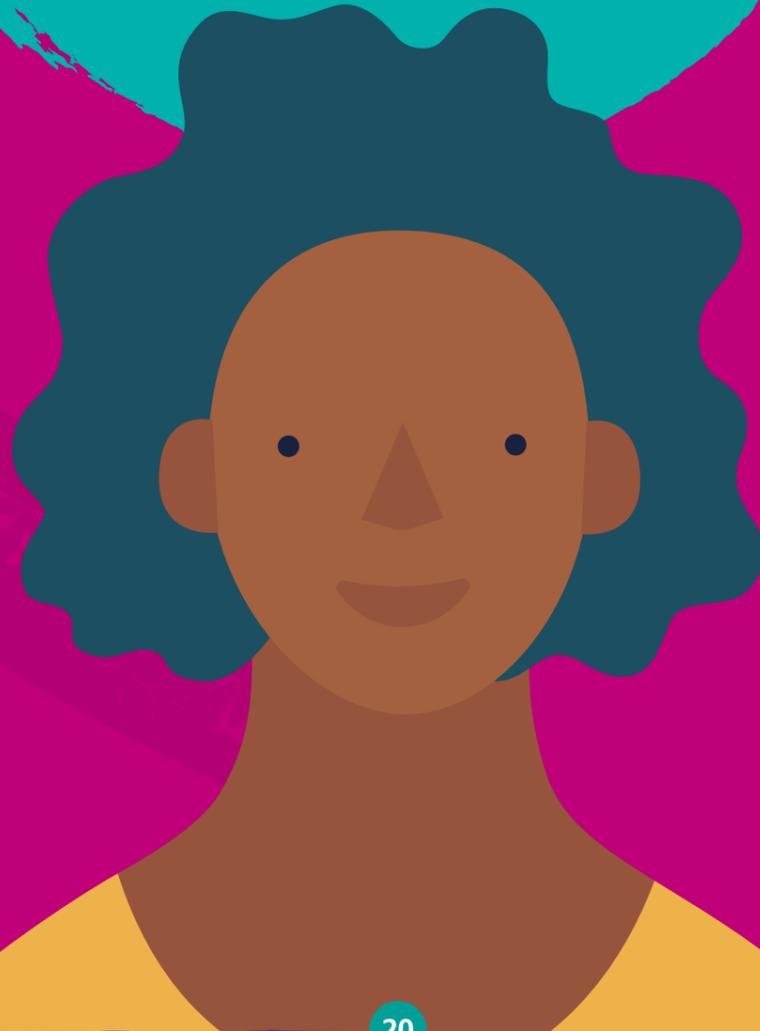
### Raising awareness of services and support

There were a number of initiatives to promote the services and support available to children and young people during the pandemic, including '[Draw Your Own Solutions](#)'. We also created bulletins for parents, carers, schools and colleges, and children and young people (see [Appendix 4](#)). KCC also worked with schools to:

- increase capacity for whole-school approaches
- provide support with a resilience toolkit
- raise awareness of returning to school guidance
- increase staff training for school staff through [Wellbeing for Education Return](#) grant funding.



# 4



## Challenges

Delivering a transformed system is a significant challenge for all CCGs. Our LTP programme improves understanding of the complexity of the challenge in delivering a changed system. This section sets out explicitly the challenges faced and what we are doing to mitigate the risks to delivering a transformed system (also see [Managing risks section](#)) and successfully transform our services.

We have been delivering our LTP programme since 2015 and have developed a more mature programme of work. This includes increased self-scrutiny and questioning regarding the level of transformation we have been able to deliver.

While we have been able to achieve the [NHS Five Year Forward View for Mental Health](#) national access target consistently across Kent and Medway (see [Prevalence, need and inequalities section](#)), we

have always acknowledged that the national target of meeting 35 per cent of need is not transformational enough. Until all children and young people have access to the services they need, when they need them, we will not have achieved the level of transformation needed.

Having said that, the challenges that we have faced, and continue to face, feel more significant now than in any of the past five years since our transformation programme began. Since our last refresh, COVID-19 has impacted the way in which everyone lives, works, learns and plays.

The key challenges to the delivery of genuine, whole-system transformation include:

### Challenge 1

#### The immediate and long-term impact of COVID-19

During COVID-19 more children and young people have asked for help and advice, particularly after returning to school after a lockdown (see [Impact of the COVID-19 pandemic section](#)). We understand from a number of service providers that children and young people need more help or risk management for complex issues.

COVID-19 is a challenge like no other. Understanding the long-term impact

on our children and young people's wellbeing and mental health is of particular importance locally, nationally and internationally. There is a huge volume of work being undertaken to better understand what this means for future services. Nationally, children and young people's mental health has been prioritised which has led to the identification of significant levels of funding through Spending Review and System Development Funding (see [Finance section](#)).

## Challenge 2

### Availability of a workforce to meet the need

In previous LTP refreshes we outlined the challenge of not having sufficient mental health professionals in services to meet identified need. While progress has been made nationally through programmes such as Recruit to Train and Children’s Wellbeing Practitioners, we are seeing that the staffing needs of national initiatives such as Mental Health Support Teams in

education settings cannot be met by the workforce currently available or being trained up. The rate of growth of new initiatives, projects and services is faster than the recruitment and training of a new workforce. Our mental health specialist services are in a continual recruitment cycle to fill vacancies (see [Workforce section](#)).

## Challenge 3

### Impact of children and young people waiting for neurodevelopment assessments on mental health and wider services

The number of children and young people seeking and waiting for an autism and/or attention deficit hyperactivity disorder (ADHD) diagnostic assessment has increased significantly over a number of years. Children and young people with neurodevelopmental conditions are more likely to need advice and help relating to their mental health. We are concerned that the current neurodevelopmental pathway contributes to delays in mental health needs being met. The wait for diagnosis also makes it harder for a child or young person and their family to cope.

This increase in waiting times is seen nationally. Pressure on the autism and ADHD diagnostic assessment system results from a complex mix of factors

which include family motivation, societal expectations, impact of austerity, legislation requirements, commissioning arrangements and clinical complexity associated with the diagnosis.

In Kent and Medway we have a number of providers that undertake assessments including our mental health specialist provider, NELFT.

There is a dedicated work stream under the Kent and Medway Special Educational Needs and Disability (SEND) programmes to both reduce the current waiting times and to redesign a pathway that helps children and their families get advice and help earlier.

## Challenge 4

### Not all children, young people or young adults will be able to access support and those that do might not show any reliable improvement

It is estimated that 50 per cent of mental ill health in adulthood starts before the age of 14, with 75 per cent starting by age 24. We met 43.7 per cent of need in 2020/2021 based on 2004 prevalence estimates. As we know that the prevalence of mental illness has increased, we know that there are significant numbers of children who are transitioning to adulthood with an unmet need. In addition, national evidence on the outcomes of specialist treatment for children suggests that only 50 per cent demonstrate reliable improvement: 53 per cent of children and young people with

anxiety, 44 per cent with depression, and 35 per cent with comorbid depression and anxiety showed reliable improvement<sup>25</sup>

The challenge of reliable improvement is a concern for us - we are working to better measure reliable improvement both nationally and locally. We have, by design, invested in programmes such as the [Mind and Body](#) programme, [Porchlight Adolescent Wellbeing Service](#) (PAWS) and the [Good Mental Health Matters](#) programme to intervene early and prevent escalation.



It is estimated that **50%** of mental ill health in adulthood starts before the age of 14

<sup>25</sup>Edbrooke-Childs, J., Wolpert, M., Zamperoni, V., Napoleone, E., & Bear, H. 2018. Evaluation of reliable improvement rates in depression and anxiety at the end of treatment in adolescents.

# 5



## Participation and engagement

We have carried out so much participation and engagement work in Kent and Medway that we have only included a few highlights here – you can find more details in [Appendix 5](#) and [6](#).

### Kent's Emotional Wellbeing Participation Workers

In 2019/2020 Kent set a challenge to 'ramp up' levels of participation and engagement within Kent's LTP programme. We used Kent LTP funding to recruit two Emotional Wellbeing Participation Workers who have been in post since March 2019. We are excited about the benefits these roles have already had on participation and engagement in Kent, as this remains at the heart of our plan to continuously review and improve the quality of our work.

One of their most effective tasks is the collation of experiences, views and recommendations of young people and families who access services across Kent. These are presented at our monthly Kent Local Transformation Plan Operational Group meetings with the expectation being that recommendations are implemented. The workers then feed back to families and young people and explore whether their experiences improve. The workers also tell us when things go well for families so that we know what practices are valued.

### Medway's Youth Participation Worker

Medway Council has recently recruited a Youth Participation Worker for Mental Health and Wellbeing. They will shortly begin a roadshow identifying opportunities for further engagement and making sure that children and young people have a voice and impact on actions from the [NHS Long Term Plan](#).

More focussed work will look at: transition between services; engaging with vulnerable groups; raising awareness and decreasing stigma; ensuring families also have a voice and know where they can access resources for supporting their child at home; understanding secondary school offers; experiences around eating disorders; and, working with Mental Health Support Teams, Emotional Wellbeing Teams and Family Action to understand how well received these services are, and how we can continually improve them and other services. The role will be supporting local initiatives to ensure emotional wellbeing and mental health is considered across Medway initiatives, for example within the Child Friendly Medway engagement.

This role sits within Medway Council's Youth Service as they are continually improving engagement with children and young people and regularly foster trusting and supportive relationships. All of Medway's Youth Service roles include the Top 10 qualities children look for in professionals from the Young Lives Foundation, as part of their job specification, to help make sure the right people are recruited to work within the team.



## Kent Resilience Hub and MoodSpark

A key component of Kent's emotional wellbeing system is the creation and ongoing development of the co-produced **Kent Resilience Hub**: an online space that helps build emotional resilience by making tools, resources and training available to parents and carers as well as schools and other community settings.

**MoodSpark** is an online space for young people aged from 10 to 16 to access information around how to develop and support their own emotional wellbeing and resilience. Developed with young people from Kent Youth Voice, the site contains a variety of resources ranging from articles to video blog posts which have all been approved by young people. The site continues to be developed and young people are signposted to help them access information and support their own resilience and wellbeing.

## Kent Youth Health website

Kent Community Health NHS Foundation Health Trust (KCHFT) delivers Kent's School Health Service. Young people from Kent Youth Voice were given the opportunity to take part in the content development for the **Kent Youth Health** website. Young people were involved in scoping what the **Healthy Eating** section should include, and insight work was undertaken with them to explore links between eating habits and mental health.

## Try Angle Awards

Kent young people were involved in, and had their say in, the organisation and running of the 2020 **Try Angle Awards** that recognise the outstanding efforts and achievements of young people. 386 nominations were received, and sessions were held to enable young people to vote for winners in each district. Award ceremonies were held virtually for local district winners and a final virtual ceremony, hosted by young people, was held to celebrate overall category winners.

## Pronouns Training

Our Emotional Wellbeing Participation Workers are developing a training resource about the importance of using correct personal pronouns and using trans and non-binary inclusive language, when engaging with young people. This is to help address inequalities LGBTQ+ young people feel they experience within emotional wellbeing services.

## Kent and Medway Parent and Carers Forum

Regular meetings are held with both Kent and Medway's Parent and Carers Forum to provide opportunities for children, young people and their families' voices to be heard regarding the range of children's services offered in Kent and Medway. Mental health and neurodevelopmental services are often discussed to make sure we are hearing directly about our families' experiences.

## Kent young people and family groups

A number of groups are active within Kent, including: Kent Youth Voice; SpeakOuts; Emotional Wellbeing Groups for 13-16 and 17-23 year olds; and, a group for families.

## Kent Community of Practice

A Kent Community of Practice has been created to bring together participation practice and opportunities in the children and young people's emotional wellbeing and mental health workforce and other key partners.

## Medway Youth Mental Health Network

A network of professionals who work with children and young people providing opportunities to share best practice examples and keep up to date with service provision as well as policy and legislative changes. The network also supports any troubleshooting or common themes that may be arising from settings, seeking collaborative solutions and embedding a no wrong door approach for children and young people in Medway.

## Youth Charter for Kent

A Youth Charter has been developed as part of a commitment by partners to improve meaningful service user participation. 29 different groups of young people were involved, including: Virtual School Kent; HeadStart Kent; the Voluntary and Community Sector; SEND services; Kent Youth County Council and, a number of Kent schools.

## Medway Child Friendly City

Medway Council and partner agencies have an ambition for Medway to become a child friendly city, where all children and young people have a meaningful say in, and benefit from, the local decisions, services and spaces that shape their lives. A consultation is currently taking place as part of ensuring children and young people's voices are part of development work.

## Youth Council Voice

Medway Youth Council (MYC) recently ran a survey with young people to better understand the effect of COVID-19 on their wellbeing; "Covid: The Effect on Youth". This **video** from Medway's mental health i-Thrive Conference shows MYC feeding back the results. MYC also held a Question and Answer session with Mental Health and Education Experts providing opportunity for young people to ask questions. Further details can be found the **Medway Youth Council website**. As a result they developed a **Mental Wellbeing Support Pack** and a paper which will be published shortly once it has been through the proper governance process.

**"I have attended the MHFA course for the past 2 days face to face and would like to pass on to the instructors just how well they delivered the course. From someone who has experienced some of the issues discussed first hand I would like to say how sensitively and appropriately they delivered the content, read the room and adjusted as necessary ensuring no matter how tricky the subject it was sensitive and aimed at the needs of the group. Just wanted to give credit where it's due and Sarah and Jamie did a great job."**

Feedback from an attendee of Youth Mental Health First Aid training which was Kent LTP funded



# 6



## Implementing the THRIVE Framework

### Introduction

Kent and Medway are pleased to be implementing the nationally accredited **THRIVE Framework**<sup>26</sup>

Embedding THRIVE into the way we commission and provide all our services will give us a single shared language across our partners that's intuitive to understand, will reduce barriers between services, and provide a framework for assessing need that's flexible and adaptive to changing circumstances. It's another step towards long-term cultural change in our approach to helping children, young people and families.

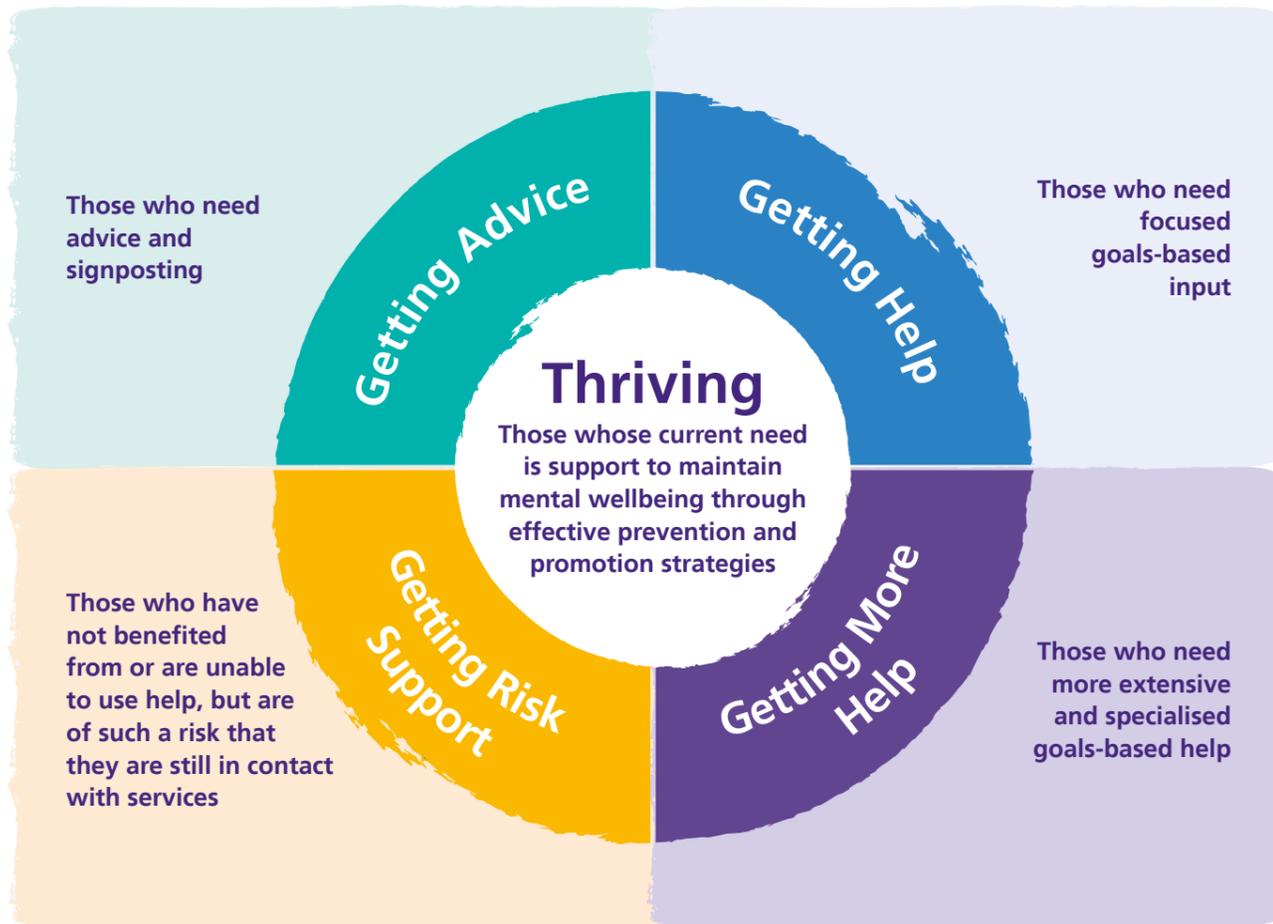
So far, we have been working with the **National i-Thrive Programme** to run a number of well-attended workshops about how to embed THRIVE into everything we do, and we have more workshops planned in the future. We're encouraging our providers to adopt the THRIVE Framework within their services, and have begun mapping our current commissioning arrangements against THRIVE to help identify where new or enhanced services might be best placed. We've even been embedding THRIVE throughout this plan.



<sup>26</sup>THRIVE Framework <https://www.annafreud.org/mental-health-professionals/thrive-framework/> (accessed 3rd September 2021)

## How does THRIVE work?

The THRIVE framework conceptualises needs using five different groupings, pictured on the wheel below:



A child, or family, might move between areas of the THRIVE wheel at different times, or for different needs. As such, we need to be flexible in the delivery and structure of our services to make sure that children, young people and families can access the right support to meet their needs, and at the right time.

There is also an understanding that children, young people and families may stay at a certain level of need for a prolonged time, if not indefinitely. A high level of support may be required just to avoid things getting worse. As such, support services also need to be equipped to manage risk where needs cannot be de-escalated.

## What does the THRIVE Framework mean for children and young people?

- no 'wrong door', meaning that anyone a child or young person talks to about their mental health, whether they are a teacher, a GP or school lunchtime assistant, are able to provide them with support, or at the very least, signpost them to available support options
- whoever is helping a child or young person with their mental health knows what is important to them and what they want to be different, so that there is genuine shared decision making about ways of helping
- signposting the child or young person, and their family and friends, to ways that they can support their mental health and wellbeing needs
- whoever is giving a child or young person specialised mental health help will support them to evaluate their progress towards their goals, and check that what is being tried is helping
- supportive and transparent conversations about what different treatments are likely to lead to, including their limitations.

## THRIVE Principles

### Common Language

The conceptual framework, and its five needs based groupings: Thriving, Getting Advice and signposting, Getting Help, Getting More Help, Getting Risk Support, supports a shared language and understanding across the system.

### Needs-Led

Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need at any one point, what the plan is and everyone's role within that plan. Fundamental to this is a common understanding of the definitions of the needs based groupings across the local system.

### Shared Decision Making

Voice of children, young people and families is central. Shared decision making processes are core to the selection of the needs based grouping for a given child or young person.

### Proactive Prevention and Promotion

Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strength including safety planning where relevant.

### Partnership Working

Effective cross-sector working, with shared responsibility, accountability and mutual respect based on the five needs based groupings.

### Outcome Informed

Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussion if goals are not achieved.

### Reducing Stigma

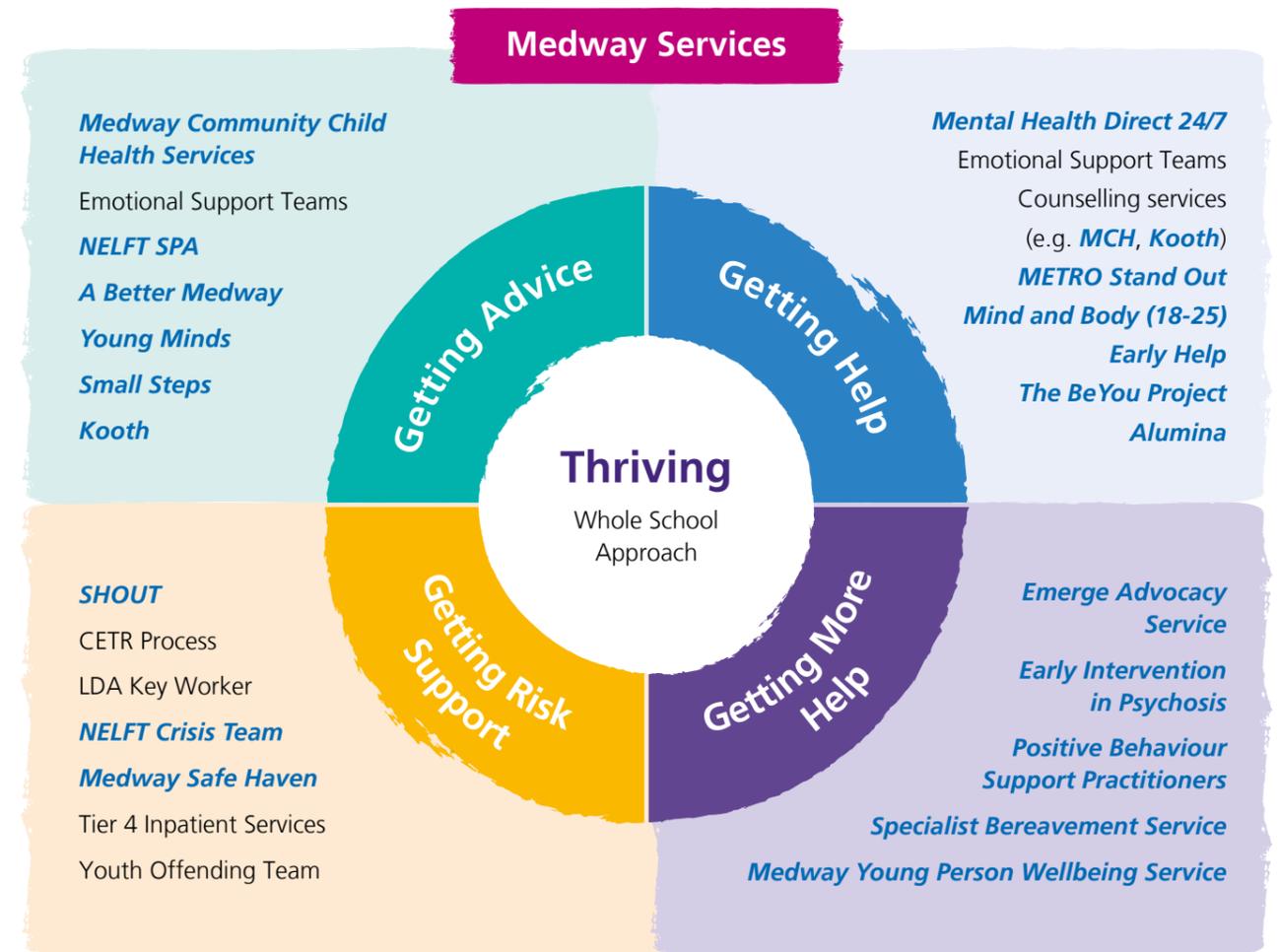
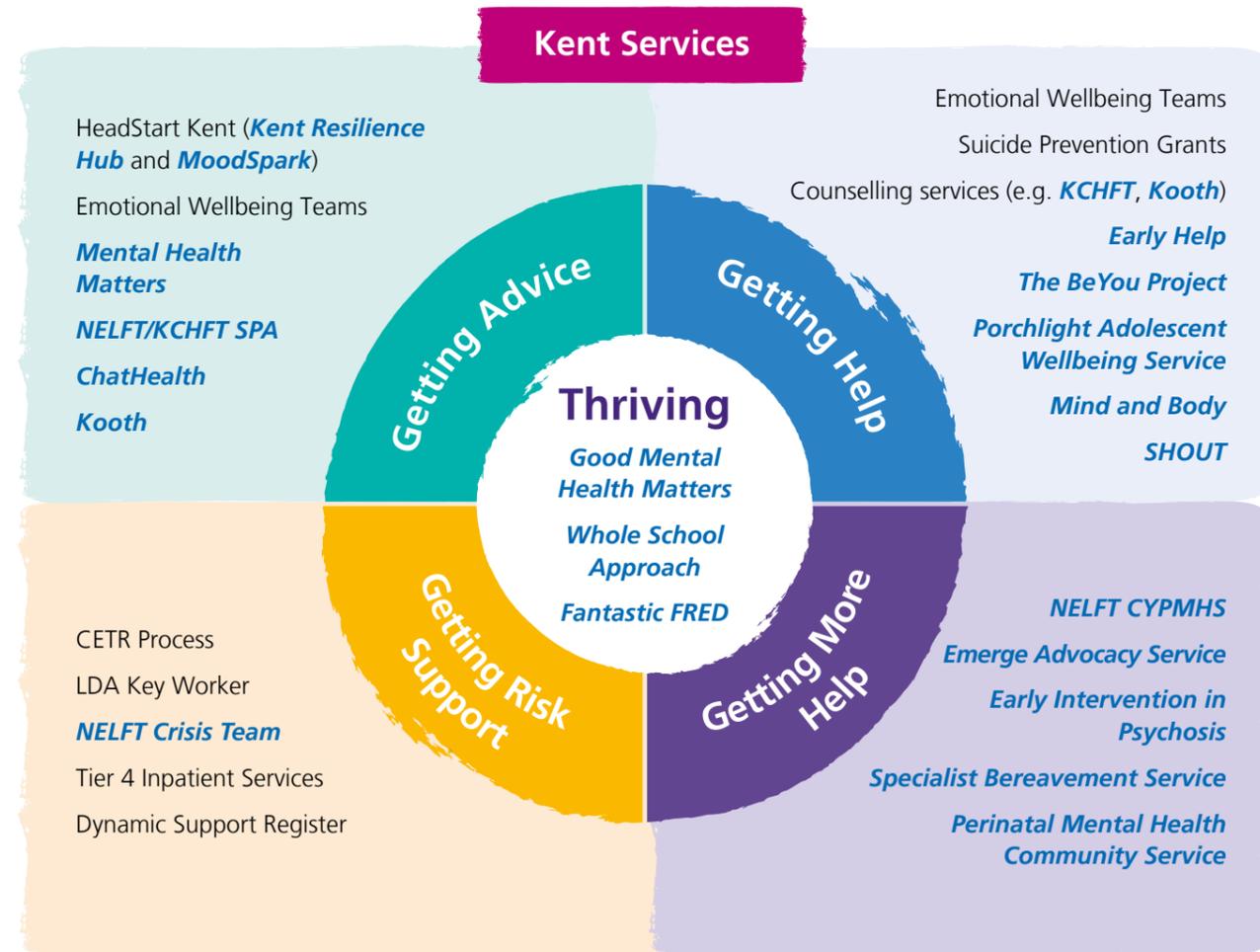
Ensuring mental health and wellbeing is everyone's business.

### Accessibility

Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

## Kent and Medway Thrive maps

We have mapped our current Kent and Medway service provision against the THRIVE Framework. They're not exhaustive, but show the core offer we have for children and young people's mental health help in Kent and Medway.



Through these mapping exercises, and the other workshops we've attended, we've identified a number of priorities for change in Kent and Medway:

- there is a large amount of information and advice available from the system. Although this helps towards the 'no wrong door' principle of THRIVE there is a need to make sure it's not overwhelming to children, young people and families. We also need to make sure information and advice in one place signposts to other places to help people find the help they need
- it would be useful to map capacity of services against the framework to identify if there are areas of need that are under-commissioned

- future commissioning needs to include flexibility of services to meet prolonged needs. For instance having flexible 'courses' of treatment rather than prescribed lengths (e.g. six week courses of treatment)
- embedding the language of THRIVE into our advice and signposting would help children, families and professionals navigate our services better, and help manage expectations about what each service sets out to achieve. This managing of expectations is especially useful in the 'Getting Risk Support' category.

Some of these priorities are new, but others have had renewed focus put upon them through this work.

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## NHS Long Term Plan commitment: Community transformation - increasing access to services

### Introduction

Whenever a child or young person receives support from an NHS-funded service for their emotional wellbeing and mental health, data should be recorded by the service provider and sent to NHS Digital's *Mental Health Services Data Set* (MHSDS).

NHS Digital counts the number of children and young people accessing services, as well as information about them (such as gender, ethnicity, age and geographic location) and the outcome of their experience (such as whether their emotional wellbeing and mental health improved). Across Kent and Medway, all relevant NHS-commissioned emotional wellbeing and mental health services contribute to our annual access target; however data quality around outcomes needs improving.

*The Five Year Forward View for Mental Health* (FYFVFMH), 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, CCGs were mandated to ensure that by 2020/2021, 35 per cent of children and young people with a mental health condition were able to access evidence-based mental health treatment. CCGs were held to account on performance by NHS England<sup>27</sup>.



<sup>27</sup>The estimated number of children and young people with a mental health condition (35,856 children and young people in Kent and Medway) was taken from the 2004 NHS Digital survey of children and young people's mental health

## Kent and Medway's current position

In 2020/2021, 43.7 per cent of children and young people (15,665 individuals) with a diagnosable mental health condition were able to access treatment across Kent and Medway, an increase from 42.4 per cent in 2019/2020. Across the South East region, in 2020/2021, 41.7 per cent of children and young people with a diagnosable mental health condition were able to access treatment. Nationally, the figure was 39.6 per cent.

Across England, Kent and Medway were ranked eighth highest across the 42 Sustainability and Transformation Partnership (STP)/Integrated Care System (ICS) areas for access. However, we recognise that there are a number of issues that need to be better understood and addressed as the programme progresses:

- Increasing equity of access across Kent and Medway with localised approaches required making use of the population health management programme where appropriate
- measuring interventions which could not be traditionally collected through the **MHSDS**
- better evaluation of service impact and increased understanding of the outcomes of interventions for our children and young people.

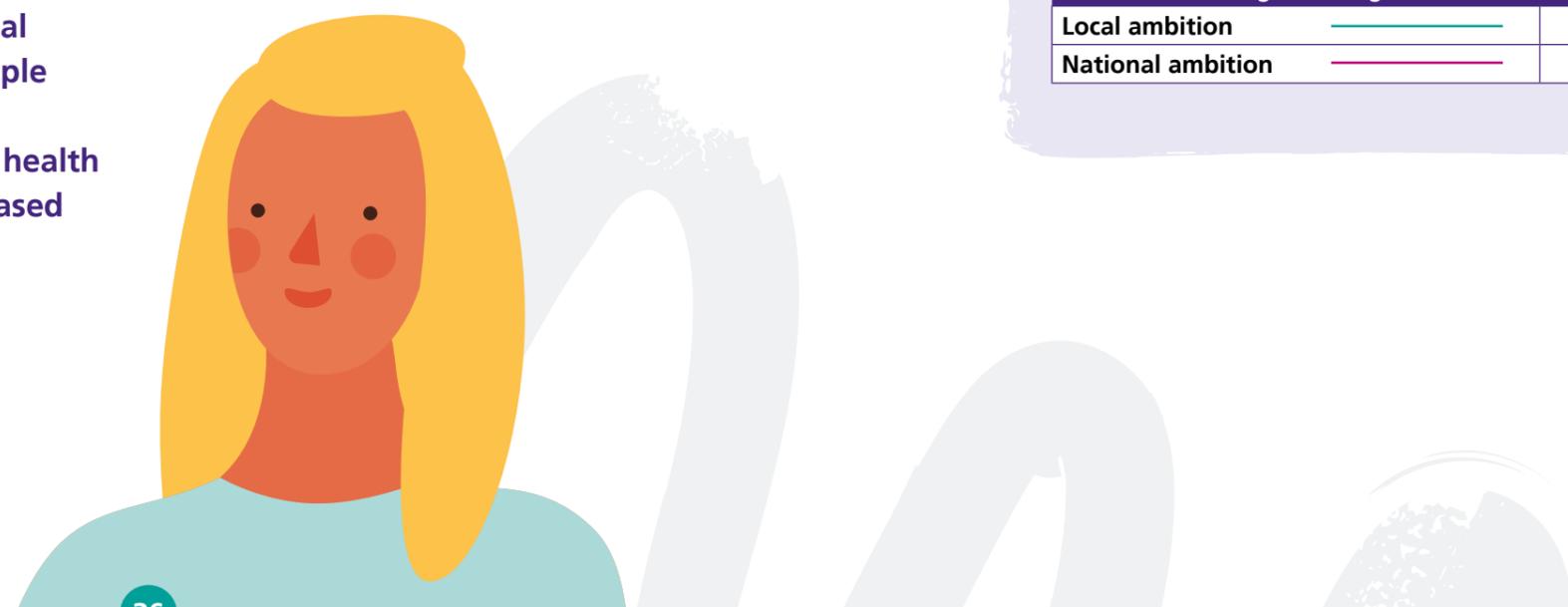
The **NHS Long Term Plan** ambition is that:

**“By 2023/24 at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams”.**

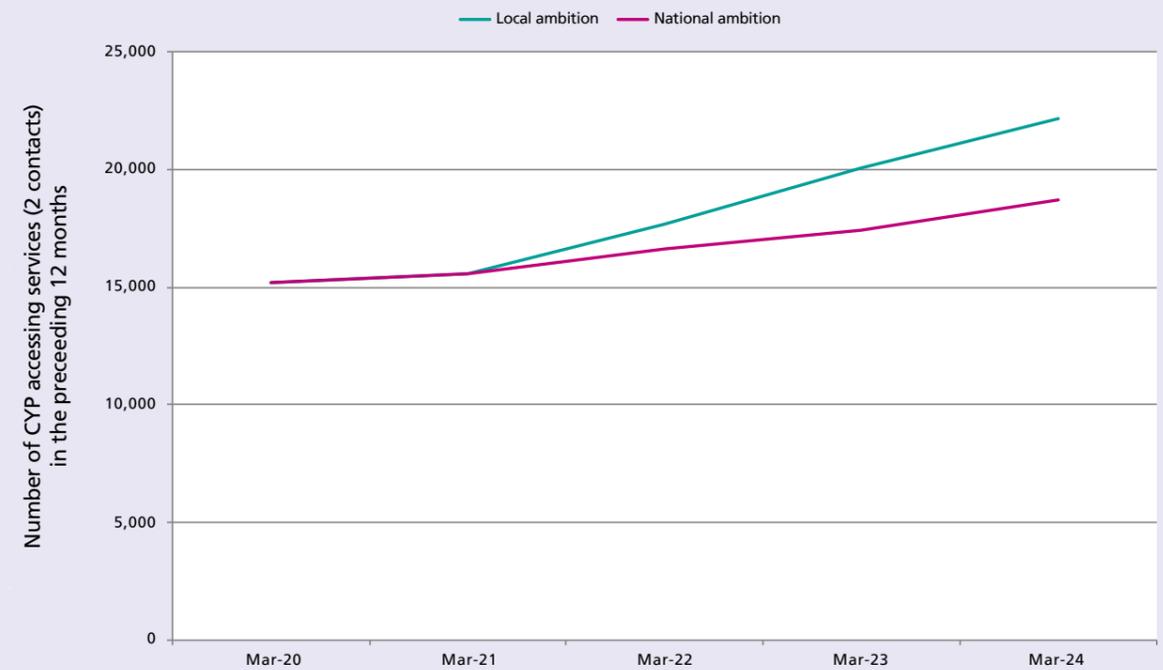
Nationally, this equates to an additional 186,500 people aged from birth to 25 receiving support in 2021/2022.

Under the FYFVFMH ambition, children and young people were counted as having “accessed” a service once they had received two or more contacts. However, the NHS Long Term Plan ambition will be measured using one contact as the metric, which will allow for counting of brief intervention approaches, risk management, and signposting and advice which are critical components of the children and young people’s mental health care pathway. This echoes the LTP commitment which measures access to support which might be inclusive of treatment.

While we work to understand what this change in methodology means for the number of children and young people who will be supported by services in Kent and Medway, we will continue to use the access metric based on two contacts to make sure we increase access to our services. In 2020/2021 the NHS Long Term Plan ambition tool and Spending Review combined figures expect 16,613 children and young people in Kent and Medway to receive a service. Our planned commissioning will see us exceeding this target by providing a service to at least 17,703 children and young people (based on two contacts), as demonstrated in the trajectory on the next page.



### NHS England access target trajectories, under 18s



Number accessing in rolling 12 months	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24
<b>Local ambition</b>	15,190	15,595	17,703	20,033	22,158
<b>National ambition</b>	15,190	15,595	16,613	17,401	18,705

Since 2015/2016 we have used our strategic needs assessments<sup>28,29</sup> to identify groups of children, young people and young adults more at risk of mental ill health and harm, and developed services to prioritise meeting their needs. Our approach to making sure more children and young people get the help they need has been to invest in a range of services and interventions spanning all five THRIVE needs-based groupings. We have previously taken an approach that responds to need, while focussing on some key groups of young people such as those who are vulnerable to self-harming behaviours and those who are LGBT+.

With the recent merger from eight CCGs into one and establishment of Integrated Care Boards from 2022, we have looked to bring consistency across Kent and Medway to make sure children and young people can access the same services regardless of where in the county they live. Where appropriate, we have also extended existing services to stretch up to age 25.

To make sure we increase access to services, meeting our 2021/2022 access target and improving equity, we have made the following commitments:

- On 1 April 2021 we made Kooth’s digital support offer available to all 10-25 year olds across Kent and Medway, bringing equity across the geographies. A number of promotional activities and webinars are taking place to ensure it is fully utilised

- In addition to our existing services and support (see [Implementing the THRIVE Framework section](#)), which includes support for young people who are self-harming, those who are vulnerable and struggling with their emotional wellbeing, and those who are LGBT+, we have commissioned some new services for 2021/2022
- We have worked in partnership with our local authority colleagues to procure a specialist bereavement service which is now live. We are also working with our local authority colleagues to increase our parenting support offer, particularly for those whose children have special educational needs and disabilities. We are also extending the existing ‘Emerge Advocacy Service’ into more acute settings to support those who are in emotional distress
- We are working with partners to scope development of a system-wide digital strategy to make sure that all children’s emotional wellbeing and mental health services work within an agreed set of priorities and digital principles. Scoping is underway, but the need to offer service users choice in the delivery method of their intervention will be a core priority.

The NHS Long Term Plan carries an expectation that we will work with colleagues across all agencies to align our plans with those for children and young people with physical health needs, learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice from 2022/23 (see [Addressing complexity through partnerships section](#)).

<sup>28</sup><http://www.medwayjsna.info/jsna-appendices-children.html>  
<sup>29</sup>[https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0006/87459/Emotionaland-mental-Health-Needs-Assessment-for-Children-.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0006/87459/Emotionaland-mental-Health-Needs-Assessment-for-Children-.pdf)

## Outcomes from services

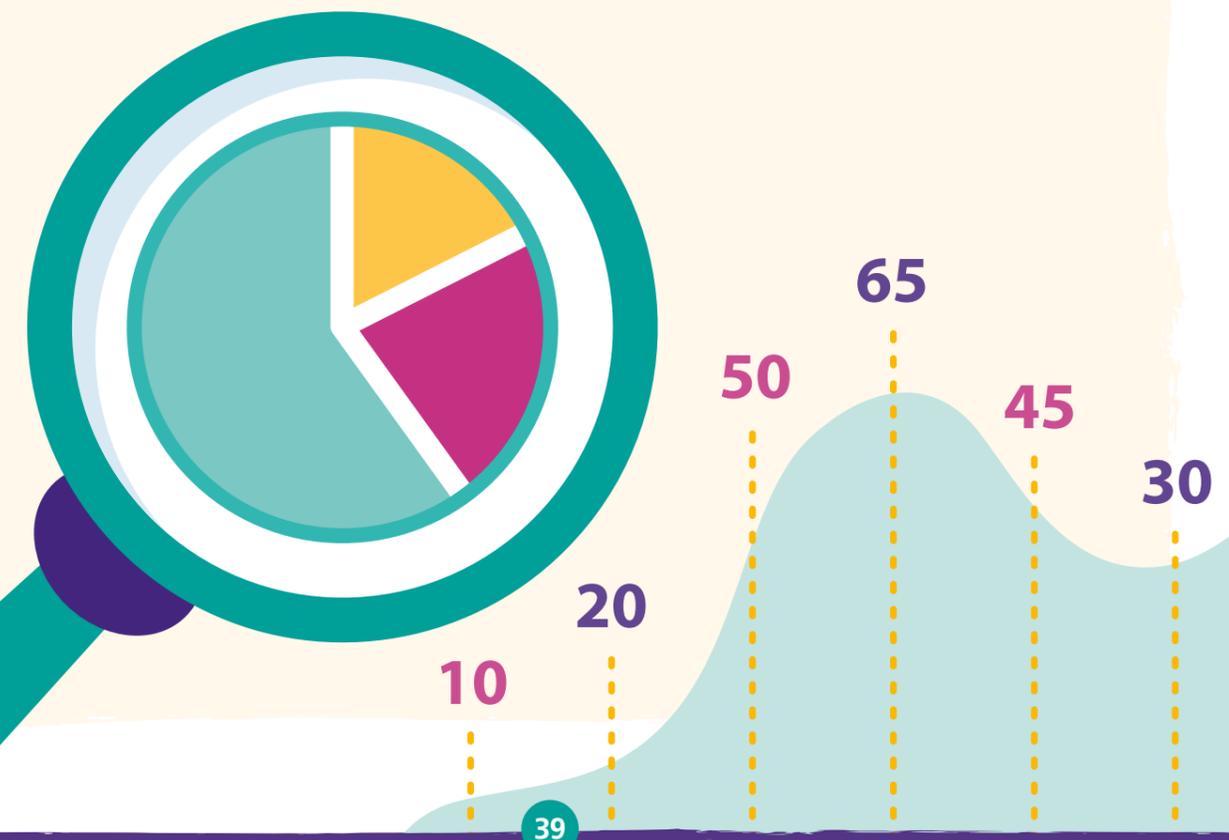
The outcomes metric was developed in 2018 and NHS England’s work has focused on:

- testing and refining the indicator;
- building provider awareness of the indicator and responsibilities to report; and
- supporting providers to improve recording of outcomes and the quality of data being submitted to the MHSDS.

The outcomes metric uses paired scores (the same outcomes assessment completed twice during an individual’s treatment) to calculate measurable improvement, no measurable change and measurable deterioration.

### Over the next year, we will:

- ✓ increase the flow of outcomes data to the MHSDS across all NHS-funded providers;
- ✓ work with NHS England, Improvement and Digital to support providers in submitting outcomes data; and
- ✓ monitor the progress of the children and young people’s outcomes metric and data quality via the NHS England outcomes dashboard.



8



# NHS Long Term Plan commitment: Emotional wellbeing and mental health in education settings

## Introduction

The *NHS Long Term Plan* makes a commitment for selected areas to continue to deliver Mental Health Support Teams (MHSTs): growing to at least 20 to 25 per cent coverage of school population across the country by April 2022. The recent government Spending Review announcement increased the number of teams established in 2021/2022 from 104 to 112. This will exceed the existing trajectory to 35 per cent coverage by April 2024.

Mental Health Support Teams have three core functions:

- Delivering evidence-based interventions for mild to moderate mental health issues
- Supporting Senior Mental Health Leads in each education setting to introduce or develop their Whole School or College Approach to mental health
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

## Kent and Medway's current MHST position

At time of writing (September 2021), four Mental Health Support Teams are delivering support within Kent and Medway. Two of our teams were Trailblazers, and we were then successful in bids to put two Wave 2 teams in place. We currently have four Wave 3 teams mobilising and they will be delivering support by the end of 2021. Each MHST supports a population of between 7,000 and 8,000 children and young people through a range of interventions including evidence-based one to one sessions and group work.

Up to and including Wave 3, Kent and Medway have 24.9 per cent coverage, with approximately 71,954 children and young people having access to an MHST.

Across Kent and Medway there has been an agreed shared governance structure for MHSTs operating as two services reflective of the unitary authority boundaries (Kent County Council and Medway Council). Kent MHSTs operate as Emotional Wellbeing Teams and Medway MHSTs as Emotional Support Teams.

Our teams provide a wide range of support in schools to children, young people, families and teaching staff. The teams tailor support to the needs and requests of each setting, and do bespoke work with specialist schools.

During lockdown our MHSTs adapted their offer according to need. MHSTs saw a significant increase in requests for staff support in light of the pandemic, which was offered in a number of different ways.

MHSTs also saw a significant increase in requests for whole-school approach workshops on ‘starting secondary school’ (for both children and families). It was recognised that the disruption and loss that children (and families) experienced during the pandemic meant some children were less confident about starting secondary school, and families and teachers were more anxious about these children too.



**“I wanted to drop you a quick email just to say a HUGE thank you for introducing my family and I to (name of EWP).**

**We have been speaking to (EWP) via zoom since the beginning of May and I can honestly say I do not know how I would have coped getting through lockdown and the school holidays without our weekly catch ups. (EWP) was always there to listen to me over the serious concerns I had for my Son’s wellbeing - I have worried, cried and laughed with (EWP) and throughout the experience she has been nothing but genuinely helpful, friendly and informative.**

**(EWP) has offered us constant support through some of our most difficult times with our Son and we have now got through the other side -all thanks to (EWP).**

**My son tells me he loves me now and hugs me because he wants to - not because he has been told to and for this I will be forever grateful.**

**I feel it is extremely important to let you know the care that (EWP) has provided us with and the positive impact she has had on our family.”**

Email from a parent regarding the support they received

### 2021/2022 onwards

The process for allocating MHSTs changed in 2021 and each local area received confirmation of their number of additional teams over the next three years. Kent and Medway CCG has been allocated an additional 13 MHSTs between 2021 and 2024 through the

Spending Review’s increased investment. This will give approximately 56.4 per cent coverage of education settings (based on January 2021 school population figures) as shown below.

MHST waves	Date (started training)	Number of MHSTs	Population covered by MHSTs	Cumulative population covered by MHSTs	Cumulative MHST coverage across K&M
<b>Trailblazer: DGS &amp; Swale</b>	18/19	2	21,737	21,737	7.50%
<b>Wave 2: Maidstone &amp; Canterbury</b>	19/20	2	16,917	38,654	13.40%
<b>Wave 3: Medway &amp; Thanet</b>	20/21	4	33,300	71,954	24.90%
<b>Wave 5: Tonbridge &amp; Malling and Tunbridge Wells</b>	21/22	2	14,000	85,954	29.80%
<b>Wave 6: Dover and Folkestone</b>	21/22	2	14,000	99,954	34.60%
<b>Wave 7</b>	22/23	2	14,000	113,954	39.50%
<b>Wave 8</b>	22/23	3	21,000	134,954	46.70%
<b>Wave 9</b>	23/24	2	14,000	148,954	51.60%
<b>Wave 10</b>	23/24	2	14,000	162,954	56.40%

We used a number of factors when deciding where to place MHSTs, including data from national publications and tools, local intelligence and the regional data pack and guidance to inform our decisions. To make evidence-based decisions, we look at data such as: high deprivation areas; lower access to mental health and emotional wellbeing services; strong local relationships within local areas including engagement with the Schools’ Link programme; and, trying to ensure even coverage across the county. This evidence-based approach will continue when deciding where to place the remaining nine MHSTs, considering both need and inequalities.

Expressions of Interest from education settings for inclusion in each MHST have always exceeded capacity, and so criteria are applied to determine which are included. These include: Persistently absent pupils; Known to Troubled Families; Had an Early Help Notification; Educational Psychologist Referral; Youth

Offending Team Substantive Outcome; Children’s Social Care Referral; Child in Need; Child Protection Plan; Child in Care (Kent County Council/Medway Council and Other Local Authorities); Domestic Abuse Notification; Free School Meals; having an identified Special Educational Need, either through an Education, Health and Care Plan/Statement or SEN support.

Through the new ICS MHST allocations in 2021/2022 we were allocated four additional teams. Two will be placed in West Kent (Tonbridge & Malling, and Tunbridge Wells) as existing coverage is concentrated in the Maidstone area, and there are relative areas of deprivation and lower access to, and longer waiting times for, children and young people’s mental health services. Two will be placed in South Kent (Dover and Folkestone) as there is no coverage and there are areas of above national rates of deprivation, young offenders, young unpaid carers and prevalence of mental ill health.

## Evaluation

A national study '*IRAS: 270760 Early evaluation of the Children and Young People's Mental Health Trailblazer programme*' is underway, and our Trailblazer teams are part of this. In addition, the Kent, Surrey and Sussex Academic Health Science Network will be undertaking a best practice review and evaluation into the Whole School Approach elements of MHSTs. Our Trailblazer and Wave 2 teams will be part of this review.

Across Kent and Medway, the same Routine Outcome Measures are being used to measure the impact for

## Reducing health inequalities

The government's Spending Review commitment requires us to evidence how our sites have addressed and promoted health inequalities as part of their roll-out plans, and for our ongoing reporting and monitoring to focus on activity, experience and outcomes of patients with protected characteristics (including age, ethnicity and gender). Improvements in reporting data to NHS Digital's MHSDS about protected characteristics, both locally and nationally, will be prioritised in Kent and Medway over the next year across all services.

NELFT, our MHST provider, is starting to review aspects of their work, particularly in line with CYP-IAPT principles. This includes looking at 'accessibility' and to what extent the MHST service is accessible to all in education settings and how it is possible to make the MHST service more inclusive (e.g. research shows that nationally there are barriers in accessing mental health services for people from black, ethnic and minority groups).

NELFT have carried out analysis of data to support them in addressing health inequalities (see [Appendix 7](#)). Their findings tentatively indicate that children and young people from black, ethnic and minority groups are proportionally underrepresented in accessing targeted support although there was a high percentage (42 per cent) of unknown data recorded on ethnic background. MHST request for support forms have

children (and parents of primary school children) receiving 1:1 support and these data are submitted via NHS Digital's Mental Health Services Dataset (MHSDS).

The knowledge that Kent and Medway will have additional teams in Waves 5-10 presents an opportunity to systematically review the existing Kent and Medway MHST offer and refine it in response to both learning from earlier Waves but also the changing landscape of MHSTs in Kent and Medway.

now been changed to capture this information, and processes are in place to monitor recording.

MHSTs are working to increase accessibility as a service by: involving those using the service to have their say, and to think about how we can give a voice to those who are not accessing the service; increasing an awareness of mental health inequalities and the impact of unconscious bias among those who are gatekeepers for requesting support; working to ensure that educational / promotional materials contain words and images they work in; and having discussions within the teams about the issues and barriers faced within the wider system, and being open to culturally and neurodiversity-informed evidence-based practices.

MHST staff are currently undertaking training with the Anna Freud National Centre for Children and Families, co-produced and co-delivered by autistic adults and young people, with a focus on cultural change and a shift in narrative from deficit-based to strengths-based, considering "the ways in which biology and culture intersect to create disability"<sup>30</sup>. The training will equip the teams to make appropriate adaptations to targeted interventions and work within educational settings to increase awareness and support environmental adaptations with recognition of the diversity of needs that present within this population.

## Young people's voice

A key aspect of the implementation of MHSTs is around co-production and ensuring that the service meets the needs of children and young people. MHSTs are working to provide opportunities for children and young people to co-produce and feedback service aspects as well as being a part of the whole school approach development within their school e.g. choosing the service name and development of the promotion materials.

In Medway, a consultation was held around what young people would like to call the service (similar to that previously undertaken in Kent – see winning Kent logo to right). They expressed wanting an approachable language, not clinical and there was debate around the use of 'mental health' as the stigma associated with those words may deter others using the service. They also wanted a memorable and easy to say acronym making it easy to discreetly refer to. After further consultation with professionals the name Medway Emotional Support Teams (Medway EST) was decided. The teams are currently developing promotional

material with young people and so far have asked for different services to be signposted on the back of the flier to that of the Kent service, and have highlighted the importance of online/text services and appreciated the QR code and Instagram plugin.

All trainee practitioners have received training on participation and coproduction so they can include it in their practice. The training was produced by young people in Kent, and has either been delivered by them (pre-pandemic) or by Participation Workers.



Winning logo design



Kent feedback

Medway feedback

<sup>30</sup>Mitzi Waltz (2014) *Worlds of autism: across the spectrum of neurological difference*, *Disability & Society*, 29:8, 1337-1338, DOI: 10.1080/09687599.2014.934064

## Non-MHST settings

With the predicted MHST coverage of 56.4 per cent for Kent and Medway, we are working to establish what the offer will be for those education settings who are not part of an MHST. There are examples of good practice which we will learn from and build on.

Medway has developed an emotional wellbeing partnership with low to moderate emotional wellbeing providers to make sure there is consistency in offer

and access for children and young people in education settings. This was a core part of Medway's coproduced application (health, education and voluntary) for MHSTs and is focusing on building on growing existing services to meet our needs. The learning will be shared across Kent and Medway to assist in our education and emotional wellbeing approach.

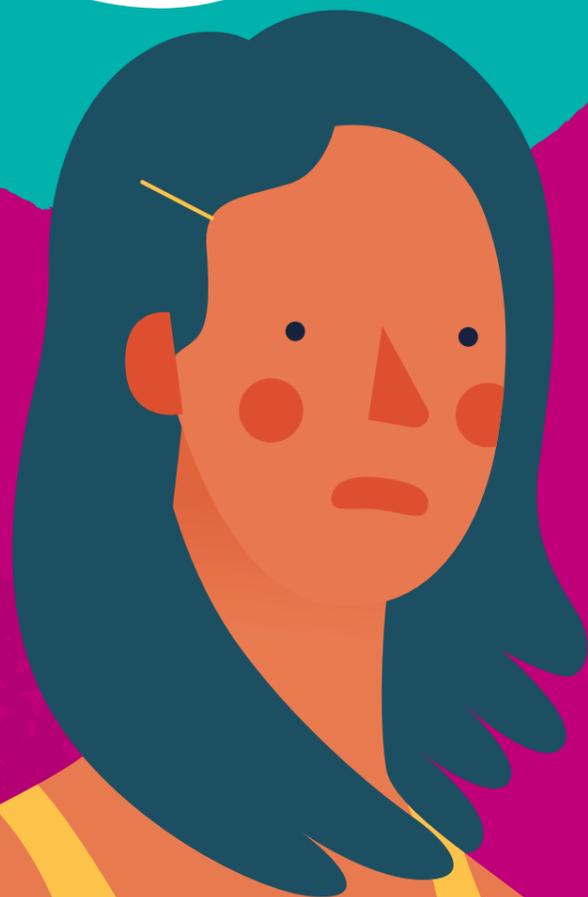
Non-MHST schools will also benefit from a range of other support that includes the following:

- Four of Medway's schools are currently taking part in an EU Positive Behaviour Support (PBS) pilot to embed a schoolwide approach to supporting behaviour
- A PBS Expert Practitioner Network pilot in Medway is underway to receive referrals through existing referral processes to functionally assess behaviour and develop behavioural support plans for those displaying behavioural challenge
- The National Lottery funded HeadStart Kent programme, providing resources to develop approaches to support young people to develop their own resilience
- Kent has been awarded a place in Wave 2 of Anna Freud's 2021/2022 Schools' Link programme, working with a number of schools and services to build relationships
- BEAT eating disorder awareness training for secondary schools in Kent and Medway (which will begin during the 2021/2022 academic year)
- Wellbeing for Education Return: funded training for schools and colleges to adopt a consistent approach to ensure effective wellbeing support for young people returning to school
- **Good Mental Health Matters and Fantastic FRED**: an interactive theatre production for children in Kent's primary and special schools, and free teaching resources for secondary school children (as well as Kent Scouts and Kent Guides)
- Fourteen Primary Care Networks have employed children and young people's emotional wellbeing navigators to support families and help coordinate care and support between health and education

- Voluntary sector offers such as Salus intensive mentoring interventions and **anti-bullying survey**
- KCHFT School Health Service: a range of support which includes ChatHealth (confidential and anonymous texting service), and counselling
- Mind and Body: a self-harm reduction programme for 13-25 year olds in Kent, and 18-25 year olds in Medway
- Medway Emotional Wellbeing Teams: Intensive, early short-term interventions for low to moderate support around anxiety or low mood or specific incidents (e.g. exam stress, parents separation, bullying)
- The Resilience Toolkit which helps schools implement a whole-school approach. 463 schools in Kent have registered for the **resilience toolkit** (at June 2021) as part of a whole school approach. (364 of these since September 2019 when KCHFT began supporting the whole school approach rollout). Six schools have now completed the **Kent School Award** and are a "resilient school".



9



# NHS Long Term Plan commitment: Young adults

## Introduction

While significant changes in the brain are a fundamental development phase of adolescence, these changes also continue into the mid to late 20s. During this time young adults are also confronted with physical, emotional and social changes which can contribute to the emergence of mental disorders including anxiety, depression, eating disorders and personality disorders. We know that one in four men and two in five women aged 17 to 22 years have a possible or probable mental disorder<sup>31</sup>.

The Adult Psychiatric Morbidity Survey<sup>32</sup> (2014) shows that estimated mental ill health is higher among 16 to 24 year olds than the general adult population for many conditions; notably for self-harm, suicidal thoughts and suicide attempts.

Between the ages of 16 to 25, young adults that move from a child-system to an adult-system can find the process and change challenging and difficult to navigate. In many cases there is lack of advice and support as young adults transition into adulthood. For some groups of young adults this is made much more difficult by the nature of their situation, for example Looked After Children / Children in Care, children with disabilities and those from vulnerable groups.

The *NHS Long Term Plan*'s national ambition requires us to create a comprehensive offer for our young adults across all sectors. In addition to the NHS Long Term Plan ambition, the Spending Review announcement in early 2021 went further in requiring us to accelerate existing commitments to support young adults, including students who fall through the gap of services.

In Kent and Medway we are committed to developing an offer that is conceptualised, designed and led by young adults themselves. We recognise that one of the most important change factors in a young person's life is employment and through this programme we are seeking to increase opportunities for young adults to work with other young adults.

It is not the ambition of our programme to simply extend the current children and young people's mental health services up to the age of 25. We want to deliver a more dynamic offer that contributes to the *Community Mental Health Transformation* programme and delivers the principles of:

- being young adult led through employment, peer group approaches and participation
- growing the voluntary sector offer so that young adults can access more flexible and innovative support.

<sup>31</sup><https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-inengland/2020-wave-1-follow-up> [accessed October 2020]

<sup>32</sup><https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-of-mental-health-and-wellbeing-england-2014> [accessed May 2021]



## Focus on vulnerable groups

Certain cohorts of young adults are more vulnerable to mental ill health and can find it harder to access the advice and support they might need due to structural inequalities within the system. These groups include:

Group	National Data	Kent and Medway
<b>Young adults who are non-heterosexual</b>	The proportion of people who are not heterosexual is higher among 16 to 24 year olds (11.5 per cent) than all adults (6.3 per cent) <sup>32</sup> . LGB adults have higher prevalence of poor mental health and low wellbeing when compared to heterosexuals, particularly younger and older LGB adults <sup>34</sup> .	Approximately 22,600 young adults aged 16 to 24 years in Kent and Medway are not heterosexual, based on March 2021 population figures <sup>34</sup> .
<b>Young adults who are transgender</b>	There are very high rates of mental health issues among transgender people, with 88 per cent of respondents showing symptoms of depression and 75 per cent of anxiety compared with 20 per cent of people in the UK general population <sup>37</sup> .	No data are available on the number of young adults who are transgender; however, there is a new data item in the MHSDS to record service use of transgender individuals. We will work with providers to make sure this information is captured <sup>36</sup> .
<b>Young adults who are homeless</b>	Nationally, in 2019/2020, 2 per cent of people who were classified as statutorily homeless were identified as young applicants (aged 16 or 17, or 18 to 20 year old care leavers) <sup>38</sup> . Young adults who experience homelessness have high rates of mental disorders, yet low rates of outpatient mental health service use <sup>39</sup> .	Many areas within Kent and Medway had higher proportions of young applicants (Ashford, Canterbury, Dover, Gravesham, Maidstone and Swale).
<b>Young adults who are care leavers</b>	Barnardo's surveyed care leavers and found 46 per cent were identified as having mental health needs, and 65 per cent were not receiving any form of statutory support <sup>40</sup> .	As at March 2021, Kent and Medway had 2,123 care leavers aged between 18 and 24 years old.

Group	National Data	Kent and Medway
<b>Young adults who are students</b>	The Mental Health Foundation highlights university students as a vulnerable cohort due to the major life transition university poses and academic, financial and social pressures <sup>41</sup> . 94 per cent of universities reported an increase in demand for counselling services <sup>42</sup> in the five years up to 2017.	There are a number of universities and higher education establishments across Kent and Medway. The two largest universities in Kent and Medway are the University of Kent with a student population of 18,865 people <sup>43</sup> and Canterbury Christchurch University with a further 15,000 students <sup>44</sup> .
<b>Young adults who are bereaved</b>	A survey by Co-op found that 24 per cent of 16 to 29 year olds would keep bereavement to themselves and were the least likely age group to express emotions <sup>45</sup> .	No data are available on the number of bereaved young adults in Kent and Medway; however, this has increased in the last year due to the pandemic <sup>46</sup> and our new specialist bereavement service will help us to understand the need.
<b>Young adults Not in Education, Employment or Training</b>	Nationally, 3.9 per cent of 16 and 17 year olds were not in education, employment or training (NEET) in 2020 <sup>47</sup> . In January 2021, 43 per cent of unemployed people had poor mental health, greater than for people in employment (27 per cent) <sup>48</sup> .	Across Kent <sup>49</sup> , 3.1 per cent of 16 and 17 year olds were NEET or training as at January 2021. This ranged from 2.7 per cent in Tunbridge Wells to 3.8 per cent in Thanet. As at the end of May 2021, 3.5 per cent of young people in Medway were NEET <sup>50</sup> .
<b>Young adults who self-harm</b>	The 2019/2020 self-harm admission rate for Kent for 20 to 24 year olds (671.6 per 100,000) was higher than the England admission rate (433.7 per 100,000). Medway had a lower admission rate (245.0 per 100,000) <sup>51</sup> .	During the period between January 2019 and May 2021, 27 per cent of Kent and Medway residents who attended A&E due to self-harm were in the 18-25 age range. During the same period 27 per cent of hospital admissions for a self-harm emergency were also for this age range <sup>52</sup> .

<sup>33</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk> [accessed June 2021]

<sup>34</sup>Semlyen, J., King, M., Varney, J. et al. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK

<sup>35</sup>NHS Digital, registered population, March 2021

<sup>36</sup><https://explore-education-statistics.service.gov.uk/find-statistics/16-18-destination-measures>

<sup>37</sup><https://www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf> [accessed August 2021]

<sup>38</sup><https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2019-20> [accessed June 2021]

<sup>39</sup>Narendorf, S. C., (2017). Intersection of homelessness and mental health: A mixed methods study of young adults who accessed psychiatric emergency services, Children and Youth Services Review, Volume 81, Pages 54-62, ISSN 0190-7409, <https://doi.org/10.1016/j.chilyouth.2017.07.024>.

<sup>40</sup>Smith, N., 'Neglected Minds – A report on mental health support for young people leaving care', Barnardo's, 2017, <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>

<sup>41</sup><https://www.mentalhealth.org.uk/blog/declining-state-student-mental-health-universities-and-what-can-be-done> [accessed June 2021]

<sup>42</sup>Thorley C (2017) Not By Degrees: Not by degrees: Improving student mental health in the UK's universities, IPPR. [www.ippr.org/publications/not-by-degrees](http://www.ippr.org/publications/not-by-degrees)

<sup>43</sup><https://www.kent.ac.uk/about/keyfacts2021.html> [accessed August 2021]

<sup>44</sup><https://www.canterbury.ac.uk/about-us/facts-and-figures/facts-and-figures.aspx> [accessed August 2021]

<sup>45</sup>Co-op Funeral care Media Report, Making Peace with Death: National attitudes to death, dying and bereavement, 2018

<sup>46</sup>ONS, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets> [accessed June 2021]

<sup>47</sup><https://explore-education-statistics.service.gov.uk/find-statistics/participation-in-education-and-training-and-employment2020> [accessed August 2021]

<sup>48</sup>The Health Foundation, <https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health> [accessed August 2021]

<sup>49</sup>Kent County Council, <https://www.kelsi.org.uk/school-management/data-and-reporting/management-information/coreplus-team-tracking-young-people> [accessed June 2021]

<sup>50</sup>Medway Council Business and Intelligence team

<sup>51</sup>PHE fingertips, <https://fingertips.phe.org.uk/search/self%20harm> [accessed August 2021]

<sup>52</sup>SUS, via Mede Analytics tool, [extracted 15th July 2021]

## Kent and Medway's current position

During 2020/2021 the foundations for developing a comprehensive offer for young adults in Kent and Medway were laid down. Led by our understanding of local needs, inequalities and best practice, three key approaches were taken:



### 1. Expanding existing services:

Utilising additional investment and opportunities through COVID-19 response work, a number of services were expanded to either cover new geographical areas across Kent and Medway, or in terms of age. This included: expansion of the Kooth online counselling service for 10 to 25 year olds in Kent and Medway, expansion of The BeYou LGBT+ service across Kent and Medway, expansion of the Mind and Body self-harm reduction programme to work with young adults in Kent and Medway and expansion of Emerge Advocacy Service, a volunteer-based advocacy support for children and young people in emergency departments or hospital settings.



### 2. Commissioning of new services:

Focussing on new demand as a result of COVID-19, we have commissioned new services that support young adults such as a specialist bereavement service and suicide bereavement service.



### 3. Growing the foundations of a comprehensive offer:

We have worked with expert providers (Young Lives Foundation, TONIC and Kent and Medway Violence Reduction Unit) to build our understanding of the needs of Kent and Medway's young adults and their experiences of services. Our partners have worked with a large number of young adults, from care leavers to young adults who face violence, to make sure our young adults' programme is tailored to meeting identified needs. In addition, we have recruited experts-by-experience to work with us to deliver the programme.

## 2021/2022 onwards

The focus of our young adults' work programme is to both improve opportunities for young adults to access evidence-based interventions and to improve the quality of their experience. Across Kent and Medway, we have aligned the programme to the Community Mental Health Transformation programme. This will enable us to coordinate both programmes to deliver a changed and improved system for young adults.

The primary deliverables in 2021/2022 are:

- Working across agencies to improve transition:** Using research undertaken in 2021 with families and children across Kent and Medway, a dedicated senior young adults' lead will drive forward improvements to clinical pathways and transition experience of young adults and their families. A transition improvement plan will consider transition of children as they become adults into mental health services as well as transition into more holistic emotional wellbeing services. Quality indicators will be developed and monitored through outcome reporting across the main providers of mental health and emotional wellbeing services for young adults

- Increasing access to evidence-based interventions:** An expert-by-experience commissioning driven approach will be applied to increasing the number of young adults accessing services. We will deliver new interventions such as increased peer support opportunities for students, care leavers, young adults from ethnic minorities and young adults in the criminal justice system. We will also put in place specialist interventions to support young adults that have been impacted by trauma, anxiety, depression, eating disorders and personality disorders. Opportunities to work with the new Office for Health Improvement and Disparity and Health Care to contribute to and understand the evidence base will be sought
- Connecting the young adults' agenda into other work programmes and services:** whilst some work is underway in developing all-age pathways, the young adults' work stream will develop stronger responses to the requirement of the Learning Disability and Autism (LDA) CMHT programmes. This will include ensuring young adults' voices are heard within the AAEDS, SEND requirements and all-age neurodevelopmental work.



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## NHS Long Term Plan commitment: Eating disorders

### Introduction

An eating disorder is often initially viewed by a child or young person, their family and friends, as them having a focus on healthy eating, exercising and being very committed to presenting the 'right' body image to be accepted by society and in their community. However, an eating disorder, categorised as anorexia nervosa, bulimia nervosa, other specified feeding or eating disorder or binge eating disorder is a very serious illness which affects every aspect of a person's life; physically, mentally, emotionally as well as seeing changes in behaviour which can put their general health and functioning at risk.

An eating disorder is best described as an abnormal pattern of eating behaviour, accompanied by marked worries about food or body size, which may interfere with a person's usual way of life and often results in noticeable weight loss and significant physical health complications. Eating disorders can be triggered by a variety of factors including genetics, psychological and/or social influences. Often they are a way of coping with difficult thoughts, emotions or experiences.

With an eating disorder, children and young people begin to use food as a way to control, punish, reward or comfort themselves. Experiencing an eating disorder or watching a loved one suffering from an eating disorder is very emotive and frustrating; however, they can be overcome with appropriate support and treatment. The most important thing is to recognise that there is a problem and to seek treatment and support as early as possible. This support extends to their family and

friends as they are key to supporting the young person to recover fully. Throughout treatment, children, young people and their family are involved in decision-making regarding care, reflecting basic rights for privacy, confidentiality, dignity and respect.

The *NHS Long Term Plan* outlines a commitment for CCGs to deliver and maintain the waiting time standards for children and young people's eating disorder services of 95 per cent for those in need to start NICE concordant treatment within one week if urgent and within four weeks if non-urgent. The Spending Review provided additional funding for children and young people with eating disorders to be treated by community services.

The 2017 survey of children and young people's mental health suggested that the prevalence of eating disorders (anorexia, bulimia and other eating disorders) is 0.1 per cent among five to 10 year olds, 0.6 per cent among 11 to 16 year olds and 0.8 per cent among 17 to 19 year olds.

## Kent and Medway's current position

Kent and Medway CCG commissions a specialist All-Age Eating Disorder Service (AAEDS), delivered by NELFT. The service provides specialist support to anyone aged eight and above whose eating disorder is impacting their lives to a degree whereby they are unable to carry out everyday functions physically or mentally. The service delivers psychotherapy interventions either in a family or group setting, and dietetic input and nutritional support plus physical health monitoring such as blood testing and ECG monitoring to children and young people with a diagnosable eating disorder. The service aims to bring hope and confidence, through

help and support, to those who have an eating disorder, to enable them to take back control of their life by overcoming their eating disorder. There continues to be investment into the service across Kent and Medway, to enhance our offer for children and young people within the service.

While the NHS Long Term Plan is focussed on achieving a waiting time standard associated with specialist eating disorder services, in Kent and Medway we are starting to develop a pathway approach to eating disorders (details are provided further in this section).

## Impact of COVID-19

Over the past year, the number of people (all ages) referred into our AAEDS increased to levels statistically significantly higher than expected. During 2020/2021, 1,512 referrals were received and 707 of these were accepted (46.8 per cent).

Since 2020 the number of children and young people aged 18 and below seen within our AAEDS increased to levels statistically significantly higher than expected. During 2020/2021, a monthly average of 176 people aged 18 and below were seen, compared to a monthly average of 154 in 2019/2020. The increase in the number of people aged 19 to 25 seen within the AAEDS was less pronounced, rising from 80 in 2019/2020 to 93 in 2020/2021.

Despite the increased demand for services, our AAEDS continued to meet the waiting time standard throughout 2020/2021, with 98.8 per cent of urgent cases starting treatment within one week of referral and 100 per cent of routine cases starting treatment within four weeks of referral. This compares favourably with 70.5 per cent of urgent cases starting treatment within one week of referral and 72.7 per cent of routine cases starting treatment within four weeks of referral nationally.

Despite the increasing pressure faced by the AAEDS, the workforce has remained stable with 100 per cent

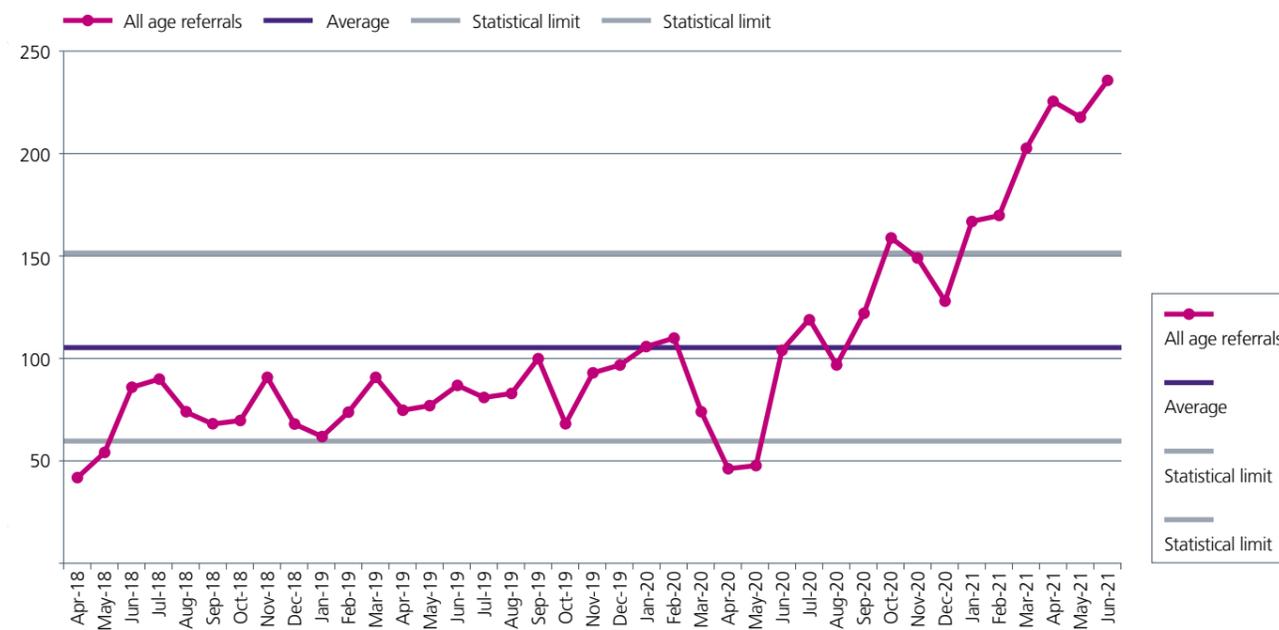
staff retention during the pandemic. We believe that a number of factors contributed to the stability of our AAEDS.

First of all, we have developed a proactive and collaborative relationship between commissioners and the management team within the AAEDS. When the AAEDS went into business continuity in 2021, the CCG commissioned BEAT to provide support to families on the waiting list, and the AAEDS team selected the components they wanted BEAT to deliver.

Second of all, commissioners worked with the AAEDS management team to develop a business case for 2020/2021 that also agreed the expectations and outcomes for future years. This enabled the AAEDS management team to communicate this with the wider staff, and to begin succession planning.

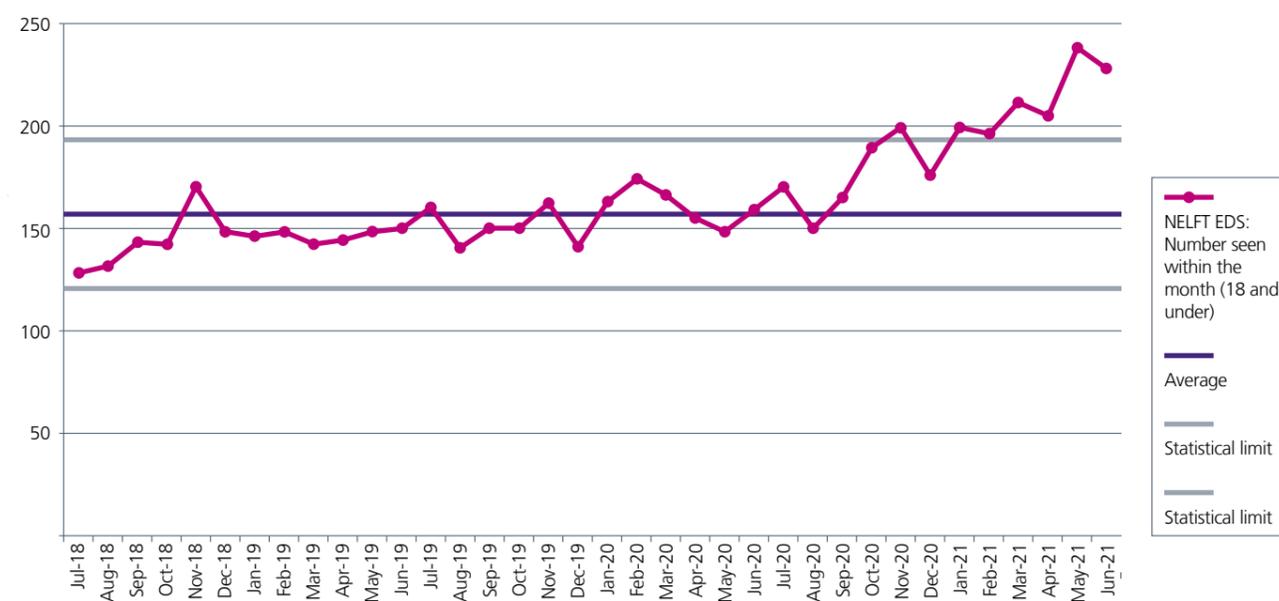
And finally, the AAEDS management team looks at opportunities to improve the service, for instance by introducing paediatric liaison roles within acute settings, twice-weekly meetings with ward representatives and dieticians from paediatric wards in acute trusts, development of a support booklet whilst waiting for support, and the development of a new 8a ASD post.

Number of referrals (all age) into AAEDS



Source: NELFT

Number of under 18s seen within AAEDS



Source: NELFT

## 2021/2022 onwards

Our ambition is to continue to meet and exceed the waiting time standard, enabling children and young people to access timely treatment. Additional staff have been recruited to support our plans to offer more eating disorder related services from 2022/2023 onwards.

Our NELFT AAEDS management team recently developed a paediatric liaison role specifically to support staff working on paediatric wards within Kent and Medway's six acute hospitals, to further enhance the care given to children and young people on a ward as well as promoting the need for discharge planning.

We have worked with NELFT to fund family support from BEAT by means of a resource pack and group session. This is working well and NELFT are looking to expand the offer from BEAT to complement their service delivery. We are also working with BEAT to provide their awareness training and resources to secondary schools across Kent and Medway. Our Mental Health Support Teams are involved in a pilot to deliver a specific eating disorder awareness and prevention programme over 18 months.



Looking ahead, we have asked our AAEDS to develop three new pathways: one related to Avoidant/Restrictive Food Intake Disorder (ARFID); one known as First Episode Rapid Early Intervention for Eating Disorder (FREED) focussed on 16 to 25 year olds; and an enhanced care pathway:

- An ARFID Champion is in place within the service and staff training on delivery of this pathway is being sourced. The ARFID pathway will focus on understanding whether a child or young person's avoidance of certain foods is due to texture, colour, smell, taste and/or temperature. Treatment will include psychological sessions, family based therapy and anxiety management
- The FREED pathway offers rapid access to clinical assessment for those who have experienced an eating disorder for a short length of time. Treatment will include working flexibly with the young person and their family and using current thinking around recovery from an eating disorder by supporting them to tackle their personal and cultural challenges
- The enhanced care pathway will enable better integration across pathways of care, and provide support in the community. This will introduce intensive home-based eating disorder treatments to minimise inpatient admissions (including out-of-area-placements), reduce length of stay and improve the experience of discharge from inpatient care and smooth transition into community care. An increase in complexity of cases over the last year requires a rapid and robust community solution to prevent young people being placed in beds many hundreds of miles from home.



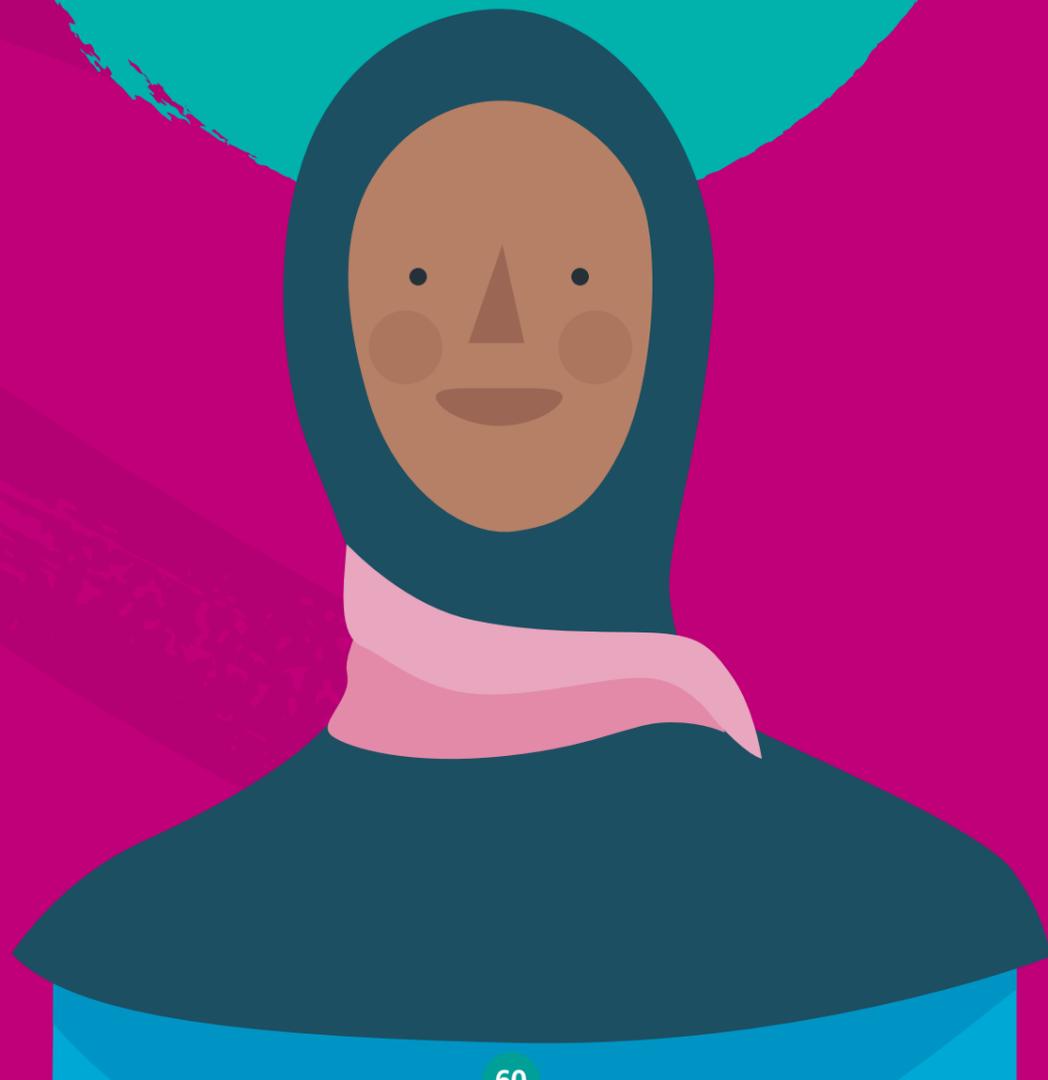
The AAEDS has been innovative in finding solutions to current demand such as development of a guided self-help workbook so all adults are offered a first stage treatment CBT intervention on acceptance to service, which is being rolled-out as a pilot treatment group following assessment. The service is now currently developing a 'Family Therapy for Anorexia Nervosa phase 1 workbook' for children and families and a guided self-help first stage treatment group package for low-risk adults using a CBT-T framework.

Our AAEDS is seeking to increase the awareness knowledge and confidence in staff delivering interventions to children and young people with neurodiversity within the eating disorder pathway. Anecdotally, it seems that the care for children with both eating disorders and suspected autism is affected by the length of waiting times within diagnostic services, resulting in a disproportionate

number of children in this cohort being admitted to inpatient facilities, among other effects. The AAEDS will deliver interventions in ways tailored to suspected neurodiversity, without the requirement for a diagnosis to continue delivery, to help make sure these children experience more timely and effective interventions, reducing risk of higher acuity. Research<sup>53</sup> indicates that around 35 per cent of people experiencing an eating disorder may have Autism Spectrum Condition (ASC) or present with high levels of autistic traits. The AAEDS is also considering developing a new AAEDS research group. It will be called The CIRCLE (Capturing Innovation, Research and Client Lived Experience). One of the areas to be worked on is reviewing the AAEDS outcome data collection model and how to make this a digital data collection.

<sup>53</sup><https://www.peacepathway.org/>

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## NHS Long Term Plan commitment: Crisis

### Introduction

Experiencing a mental health crisis that requires urgent or emergency care can be extremely traumatic for children, young people and their family. Helping families and young people understand what they can do when in crisis, or to prevent crisis or escalation, and where to go for help, is a priority for us. Many children and young people who experience a mental health crisis will need help to manage the immediate risk. This may include support from a hospital if there are physical needs or specialist inpatient support within a hospital may be required.

The *NHS Long Term Plan* requires us to ensure that by 2023/2024 we have a comprehensive urgent and emergency mental health offer in place. This means that all children and young people are able to access a service which offers:

- a single point of access including through 111 to crisis support, advice and triage
- crisis assessment and brief response within emergency departments and in community settings
- Intensive Home Treatment Service for children and young people who might otherwise need inpatient care, or need support that is greater than the normal capacity of mental health community teams.

If a family seeks support for a child, a clinical assessment will take place to determine the severity of need and timescale for response from the identified service. We are investing in, and growing, our crisis pathway (knowledge, services and interventions that can support before and after needing urgent and emergency care) so that there are more opportunities for early support and risk management for children and young people.

### Kent and Medway current position

Since the start of the COVID-19 pandemic, all children and young people's services have reported an increase in the complexity and acuity of children and young people seeking help. Services are telling us that children, young people and their families are waiting longer before seeking help and, when they do, their needs are more complex. Services have also reported an increase in children and young people seeking crisis support who were not known to services previously.

The information, support and risk management offer in Kent and Medway has been expanded over 2019 and 2020. A number of commissioning agencies are responsible for ensuring that there are appropriate services in place. Sometimes the legislative framework and service boundaries get in the way of supporting children and young people through the crisis pathway. During 2021 all agencies have been working under a system-action plan to improve a child's journey through the pathway.

All crisis response services have seen an increase in demand from late 2020 through to mid-2021. An increase in attendances for self-harm and mental health complaints at accident and emergency sites (124 attendances in Q1 of 2020/2021 compared to 287 in Q1 of 2021/2022), has led to increases in admissions to acute hospitals and crisis referrals to our CYPMHS/YPWS provider (NELFT). Therefore, increased numbers of children and young people are being placed on crisis pathways (59 in Q1 of 2021/2022 compared to 127 in Q1 of 2021/2022) and the intensive support and home treatment programmes.

There has also been an increasing demand for Tier 4 beds from Kent and Medway over the same period, a pressure that is reflected across the South East region. The increase in demand has put pressure on acute paediatric units while children and young people await specialist Tier 4 beds. This is particularly apparent with eating disorder beds, for which there has been a rise in demand in Tier 4 bed use from the end of 2020 to mid-2021 (from seven to 12 children and young people) and an increase in eating disorder patients in an acute paediatric bed (66 between January and June 2021 compared to 15 between January and June 2020).

Out of area bed usage continues to rise as the local Kent and Medway Adolescent Hospital had been consistently running at full capacity.

In 2020 we received NHSE/I funding to develop a crisis vigilance dashboard; this has provided us with evidence of the increasing number of children and young people in Kent and Medway presenting at acute hospitals with instances of self-harm, eating disorders and needing urgent mental health care. The crisis vigilance dashboard helps the system to rapidly respond to pressure within the system; the rapid response itself directly impacts the outcomes of children and their families. Partner agencies, such as schools, GPs and local authority services, are telling us that they are seeing more instances of children and young people talking about hurting themselves and having suicidal thoughts.

The number of children with a learning disability and/or autism (previously known as Transforming Care patients) in a Tier 4 bed has been reducing over the last year and the introduction of a Dynamic Support Register for children with learning disabilities and/or autism at risk of admission may well be a contributing factor.



## 2021 onwards

Our greatest concern is for those children and young people who have multiple risk factors associated with inequalities. We know from our needs analysis and national research that children and young people in certain groups, and with less protective characteristics, are more likely to have more severe and enduring presentations of mental ill health.

We are responding to what partner agencies are telling us, as well as the NHS Long Term Plan ambitions and the current demand in the system, in a number of ways. This response is connected to the requirements of the Community Transformation Mental Health programme, the Suicide Prevention work and the Urgent and Emergency Care programme, as outlined in the NHS Long Term Plan. Our response includes:

### 1. Responding to current pressure

During 2019/2020 and into 2021 a renewed system-focus was established for children and young people on both the complex and crisis pathways. This led to coordinated effort across all agencies to better support children and young people earlier in the crisis pathway and to increase the capacity to respond during a crisis. Working in this way helped us to deliver a number of interventions:

- Every household across Kent and Medway received a "How are you feeling?" booklet with information on where to access services. This information has also been made available on Kent and Medway CCG's [Mental Wellbeing Information Hub](#)
- Over 75,000 'crisis cards' were issued to the police, ambulance service, schools and GPs with information on where to find help in a crisis
- Maintenance of the 24/7 crisis line where children, young people and families can self-refer and seek the support they need. With support of partner organisations, the contact number for the crisis line was changed to an 0800 number. In Q1 of 2021 a total of 376 calls were made to Kent and Medway's 24/7 crisis line
- Emerge Advocacy Service, a volunteer-based programme piloted in the A&E department and on the wards in Medway Hospital, was rolled out to Maidstone and Darent Valley Hospitals
- Increased investment into the Suicide Prevention Programme which enabled a number of voluntary community sector providers to deliver programme to vulnerable groups (including LGBT+ groups, young people and young adults that self-harm and parents who have recently separated and are facing low-level conflict, and need advice and support)
- Investment to roll-out a paediatric ward mental health liaison role to all paediatric wards and emergency departments across Kent and Medway to help hospitals to grow their resilience and confidence in managing children and young people with acute mental illness
- Medway undertook an all age [JSNA for Suicide Prevention](#) in 2020
- In 2021/2022 we have invested an additional £1.5m into the crisis pathway with more planned for 2022/2023 onwards. The Provider Collaborative has also invested over £1.7m into increasing the number of inpatient beds available at the Kent and Medway Adolescent Hospital.

## 2. Building for the future

As we plan to meet the NHS Long Term Plan ambitions for 2022/2023 and beyond, we are committed to meeting the following deliverables:

- Incorporating children, young people and young adults' experiences and voices into improvements in the crisis pathway. We will recruit two additional participation workers to work specifically with young adults who have experienced the crisis pathway as part of an improvement programme
- Recruiting a Kent and Medway senior lead for the crisis and complex pathways. This will be a role that transcends a single-agency approach. The post-holder will advocate and negotiate for children, young people and young adults to get the best possible care. As a senior clinical lead, the post-holder will co-design a crisis and complex pathway that interfaces effectively with Provider Collaboratives, local authorities, hospitals and mental health services. The senior lead will oversee the crisis prevention and crisis response work streams, and deliver against the acute trust resilience work streams by supporting hospital staff to feel better able to help children and young people who are mentally unwell



- Significantly increasing investment into the Home Treatment model. We will invest so that Kent and Medway mental health services can deliver a multi-disciplinary model of support for children and young people within their own homes. In 2021/2022 we are seeking to increase capacity and capability, with the workforce increasing further in 2022/2023 and 2023/2024. The multi-disciplinary team approach can enhance the therapeutic intervention of each team member and establish a person-centred service and improve outcomes for children and young people
- Increasing bed capacity within Kent and Medway. NELFT have received funding from NHSE/I to increase the number of inpatient beds at the Kent and Medway Adolescent Hospital. There will be an additional six beds by the end of 2021, with three designated as '72 hour' beds. At a time of crisis, a child or young person may benefit from a change of environment, time to reflect and prepare for further therapeutic intervention. The 72 hour beds will be used for that purpose in negotiation and choice with the child or young person without the legal requirements
- Ensuring a joint approach with eating disorders and neurodevelopment work streams. Many children, young people and young adults who enter the crisis pathway have co-occurring needs. Under the leadership of the senior lead role, and through an integrated approach, we will work to make sure there are clear linkages across all systems to improve the experience and outcomes for children and young people.



## 3. Suicide Prevention Programme

During 2020/2021 the Kent and Medway Suicide Prevention Programme undertook a number of measures specifically aimed at reducing the risk of suicide and self-harm amongst children and young people. These included:

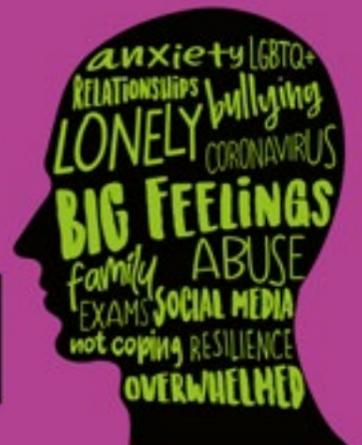
- establishing a new children and young people's Suicide Prevention Network where all partners work together to align services, interventions and best practice
- development of a new 2021-2025 Children and Young People's Suicide Prevention Strategy (currently out for consultation)
- piloting a new 24-hour text support service, SHOUT, enabling children and young people to access free mental health support any time day or night
- delivering over 200 places of free suicide prevention training aimed at people working with children and young people
- setting up a Real Time Suicide Surveillance System (with Kent Police) enabling quicker understanding and response to suspected suicides amongst children and young people
- securing additional funding for the LGBT+ support programme The BeYou Project
- Free Youth Mental Health First Aid (YMHFA) training to any professional working with children and young people in Medway. This training includes self-harm and suicide, providing the workforce with the skills and confidence to spot the signs of mental health issues in a young person, to offer first aid and guide them towards the support they need. Similarly, Kent funded a cohort of 'train the trainer' YMHFA training. In return for receiving the training, each trainer agreed to provide a minimum of two free sessions annually within Kent for three years.

### During 2021/2022 the Suicide Prevention Programme will:

- make sure that the 2021-2025 Children and Young People's Suicide Prevention Strategy is formally adopted by Kent County Council, Medway Council and the Integrated Care System
- secure a multi-year partnership with the 24-hour text support service, SHOUT
- recommission the Suicide Prevention Training aimed at people working with children and young people and deliver at least 200 free places
- commission a new three-year support service for people (all-age) that have been bereaved by suicide
- distribute up to £1m to Universities and Further Education Colleges in Kent to support student wellbeing
- extend the successful Mind and Body programme to support 18-25 year olds across Kent and Medway
- complete a Positive Practice Audit into the care of suicidal care leavers
- distribute up to £250k of Saving Lives Innovation Funding to community level projects to reduce suicide and self-harm (some of this funding will go to programmes working with adults).

If you are feeling under pressure

Text the word Kent to 85258 for confidential support, 24 hours a day. Texts are free from most UK mobile networks. For full details visit [releasepressure.uk](https://www.releasepressure.uk)



# 12



## NHS Long Term Plan commitment: Addressing complexity through partnerships

### Introduction

The *NHS Long Term Plan* requires us to make sure joint agency Local Transformation Plans align with those for children and young people with physical health needs, learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice from 2022/2023.

The plan also makes a commitment to strengthen community support for the most vulnerable children and young people who have complex needs and can be described as presenting with high risk, high harm behaviours and high vulnerability.

The THRIVE Framework would describe these children, young people and families as needing *risk support* due to being at risk of adverse and harmful experiences such as family breakdowns, school exclusions, criminality, child sexual exploitation and where specialist children and young people’s mental health services and other agencies have been unable to bring about positive change. Often families can be intensively supported but risks cannot be reduced, or families may not be ready.

From a literature review of over 150 research articles (see *Appendix 9*), what is clear is that there is a cohort of children and young people who are known as complex due to their: multiple (not just one domain, such as mental health and physical health needs); persistent (long-term rather than transient needs, including for example learning disabilities, autism or both); severe (not responding to standard interventions) needs which can be framed by family and social contexts (early family disruption, loss, inequality, prevalence of Adverse Childhood Experiences (ACEs) e.g. Children in Care or criminal justice involvement).

**The National Picture: The Interface between Mental Health & Social Care for Children with Complex Needs**

The concept of complex needs can be used to categorise “especially vulnerable or disadvantaged people” or people presenting “challenges to services”

**What is the issue?**

**What are complex needs?**

- Multiple:** not just in a single domain, e.g. mental & physical health
- Severe:** not responding to standard interventions
- Persistent:** long-term rather than transient, e.g. LD/A
- Framed by family & social contexts:** e.g. LAC, offending

**A challenge for services**

**Services struggle to meet complex needs**

- Silo working:** Interventions are often single modality driven
- Interventions aren’t always **adjusted** to reflect complex needs such as LD/A
- Lacking **specific expertise** in specific services
- Multiple agencies can lead to **inconsistency** of approach and lack of **continuity**

**Definitions**

**Differing definitions**

- Additional Needs:** Such as SEN, experience of trauma, neglect, abuse
- Challenging behaviour:** Risk of placement breakdown, escalation to crisis
- Contextual Safeguarding:** At risk of harm or exploitation, self harm, suicidal behaviours
- Challenging for services:** YP/family not “treatment ready”, unmotivated, chaotic, long-term unsuccessful engagement with services – causing workers anxiety

**Barriers**

**Barriers to an effective response**

- Lack of join-up **commissioning**
- Unclear governance:** strategic ownership, multi-agency meetings and data
- Waiting lists** for ND assessments lead to drift & delay
- Fragmented system with unclear **pathways**
- Unprecedented **demand** and under resourced services
- Missed opportunities to intervene early leads to **escalation and crisis** – due to thresholds & criteria

This level of complexity, where children are experiencing issues in multiple domains, serves to potentially place them at risk of significant longer-term health harm as they grow into adulthood, with the very real risk of a reduction in their life expectancy. The level of inequality among this cohort of children is extreme.

Services working with children and young people with complex needs are under pressure. These services are set within a large, fragmented and changing system of care. In the face of complexity and high-risk behaviour, this organisation context risks impacting negatively on confidence and coordinated risk management of young people who are frequently unable or unwilling to engage.

The NHS Long Term Plan makes a commitment to invest additional support for the most vulnerable children and young people with complex trauma. This will involve an investment of NHSE/I funding in systems and resources that will seek to deliver more robust interventions and system responses to this cohort of young people in the

communities via the implementation of a Framework for Integrated Care (FIC) for Children and Young People. The FIC is the response to this commitment and the intention is to support and strengthen community services for these children and young people whose complex needs are currently not being met, and to divert children and young people away from the secure estate. Six overarching principles of the FIC are shown below.

The new NHS Long Term Plan commitment is an opportunity to strengthen and pull together existing provision around the child and intervene earlier in their pathways to enable better outcomes. The intention is to apply the Framework for Integrated Care into the community, to support trauma-informed care and formulation-driven, evidence-based, whole-systems approaches to create change for vulnerable children and young people with complex needs.

### Overarching principles of Framework for Integrated Care

**1. Every Interaction Matters:** There is a focus first on building and supporting positive collaborative relationships.

**2. CYP and the relationships they experience are at the centre of all care they receive through genuine co-production.**

**3. Those spending most time with young people are the primary facilitators of change.**

**4. Positively influencing the day to day care is the basis of any intervention and the primary focus of support.**

**5. All behaviour is understandable in context; there is a focus on developing an understanding of each CYP's behaviours and needs based on their story (Formulation).**

**6. There is a commitment by all to build and sustain trauma informed organisations.**

## Kent and Medway's current position

Across Kent and Medway there are key networks bringing stakeholders together to coordinate activities around cohorts of vulnerable children and young people, which include:

**South East Provider Collaborative:** NHS-Led Provider Collaboratives are able to deliver many of the priorities required for provider collaboration within local systems as set out in "*Integrating care: Next steps to building strong and effective integrated care systems across England*", by enabling local providers of specialised mental health, learning disabilities and autism services to have commissioning pathway and budget responsibility in order to transform care pathways, improving outcomes and experiences for people that use them.

**Learning Disability Alliance:** The Learning Disability Alliance (LDA) enables individuals, services and stakeholders to work closely together to best meet the needs of themselves, children, young people and adults with learning disabilities throughout their lives. There is a strong active relationship between the transformation of emotional and mental health services and the LDA which will continue to grow over the coming years. In particular, enacting the recommendation from the recent Local Government Association LDA peer review and in the transformation of services for those suspected, waiting for, or having a diagnosis of a neurodevelopmental aspect.

**Kent and Medway 3 Year Learning Disability and Autism Plan:** This plan takes into account the priorities associated with the Local Transformation Plan as well as programmes around Transforming Care, Dynamic Support Register (adults and children), Complex case co-ordinators across Kent and Medway and the CETR process and management. The 3 Year Plan can be found in [Appendix 8](#).

**Health and Justice:** NHSE/I Health and Justice have made a clear commitment to the aims of the NHS Long Term Plan through:

- implementation of the Framework for Integrated Care both nationally and across the South East. The FIC is designed using evidence-informed best practice to integrate and support services in order to intervene earlier in the pathway and stop children and young people's progression into the justice and secure estate, providing better outcomes for all. From 2021 – 2024 there will be significant investment in at least one Vanguard Project in the region, following an application process for funding that can demonstrate an opportunity to build on current practise via delivery of the FIC. This has also included non-recurrent one year funding in three community-based projects in the South East to offer opportunities for early learning. Submission templates for the vanguard have been sent to Tier 4 Provider Collaboratives for return by 4th October 2021 with a decision being made by 1st November 2021
- enhancing the pathway for children and young people who have contact with the NHSE/I Health and Justice commissioned Criminal Justice Liaison and Diversion Service, which provides screening and assessment for vulnerabilities of children and young people who pass through Police Custody Suites and Youth Courts. NHSE/I children and young people's lead, in partnership with the Youth Justice Board, will facilitate a Kent and Medway local area workshop, reviewing the children and young person's pathways through Police Custody Suites
- NHSE/I Health and Justice completing the procurement of an Integrated Health and Emotional Wellbeing Service for children and young people, to deliver a holistic model of healthcare in HMYOI Cookham Wood that includes a focus on the mental and emotional wellbeing provision

- investment in pilot provision for children and young people from the South East region who are in the secure estate, to deliver an intensive casework resource that directly supports transition back into the community or adult secure estate
- piloting Assertive Engagement Training for children and young people practitioners – NHSE/I funding to pilot an Assertive Engagement training course for practitioners in Kent and Medway who work with children and young people in contact with the criminal justice system
- working in partnership with Youth Custody Service and Oasis Academy Trust to design and deliver the country's first Secure School in Medway.

**Kent and Medway Violence Reduction Unit:**

The Kent and Medway Violence Reduction Unit (VRU) is a partnership between the police, local councils, health service providers and other key agencies to deliver a reduction in violence in the county. A recent workshop, led by the CCG and VRU, explored the needs of young adults in the county and an action plan is being developed.

**Continuing Care:** Partnership arrangements are in place for the assessment and allocation of resources for children and young people meeting Continuing Care criteria through Kent Joint Resource Access Panel (JRAP) and Medway Joint Access Panel. Tripartite panels across Health, Social Care and Education to agree funding allocations.

**Medway review of children and young people accessing both specialist mental health and social care services:** Medway's Partnership Commissioning Team sought to understand the journeys of our children and young people classified as "complex" while accessing both specialist mental health services and children and adolescent social care services. The review ([Appendix 9](#)) focused on those children and young people presenting with the highest needs. Key area recommendations that will be overseen by the Kent and Medway Children's Integrated Delivery Board include:

- putting young people and their family/carers at the centre
- systems change through whole system commissioning
- identification of children and young people on the complex pathway
- prioritised Assessments
- effective complex case interventions
- early intervention.

Network approaches are being delivered in social care and in children's mental health and there is an interest in bringing together the work we are doing to rationalise and formalise the network approach and make sure that the system understands its role in supporting the formulation and support.



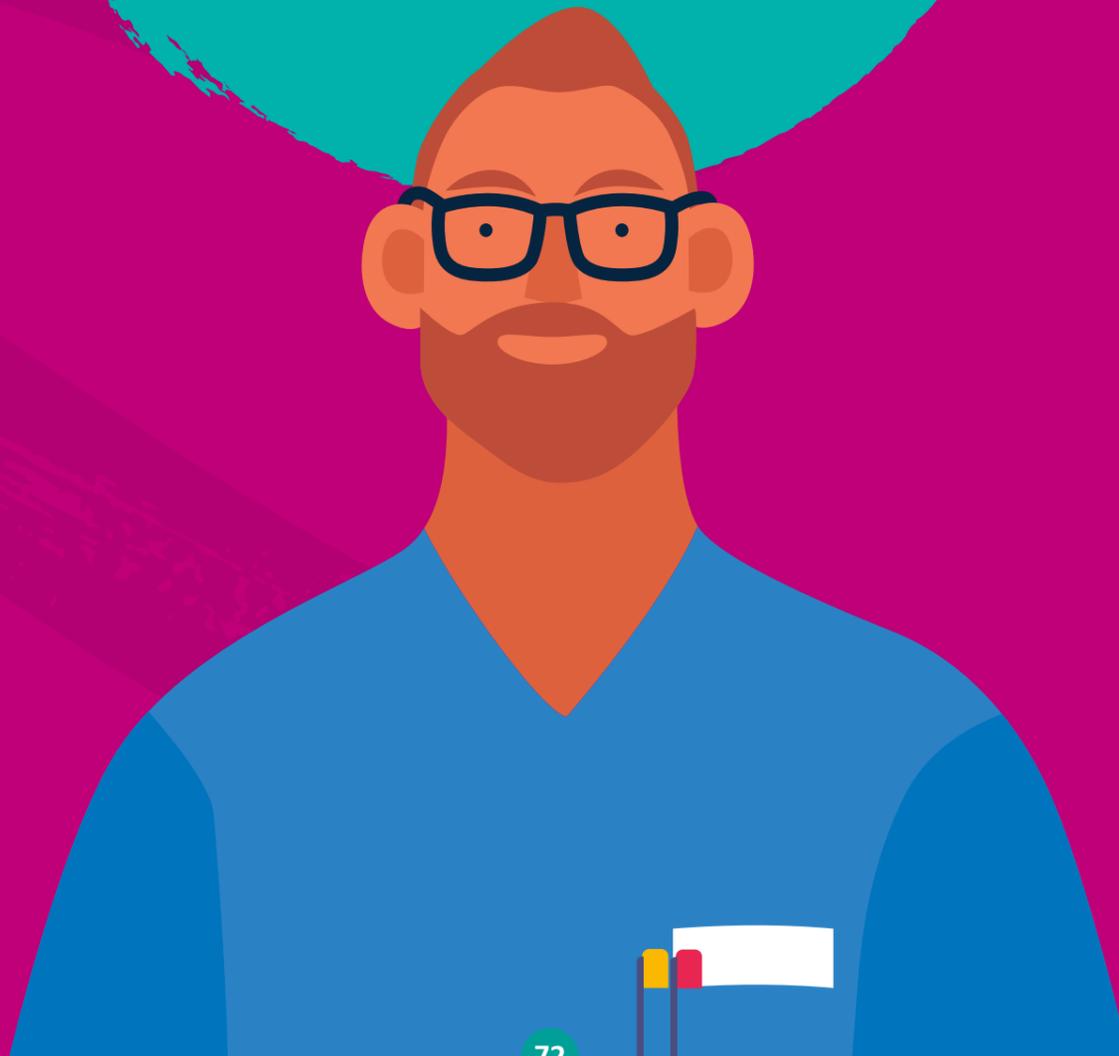
**2021/2022 onwards**

We have identified the following priorities to further develop our understanding of the pathways and services involved around our children and young people with complex needs, and building clearer access pathways across services based on needs rather than service boundaries:

- South East Provider Collaborative: undertaking a rapid 3-month scoping review to understand how, across the South East region, to best support the implementation of the Framework for Integrated Care. Identifying groups of young people with multiple and complex needs, the current offer of community support services and pathways, and what we can learn about how the FIC can help to bring the network together
- Supporting our complex cases, known to multiple services, to keep our most vulnerable children and young people accessing the services they need in their communities and to reduce presentations into A&E and specialist services. A system response crisis task and finish group was created to mitigate the escalating demand on our current services (see [Crisis section](#))
- Building on recommendations from the navigation review in Medway to ensure learning is shared across ICB and development of a clear action plan addressing place based challenges and interfaces.



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## Workforce

Due to our close proximity to London, we have historically struggled to fill some roles within our children's and young people's emotional wellbeing and mental health services. Our mental health specialist providers hold a vacancy rate of up to 20 per cent at any given time. This is exacerbated by the increase in new national and local schemes created to meet demand for services (such as MHSTs and Advanced Roles Reimbursement Scheme (ARRS)) and where the workforce is not increasing at the rate of new schemes and posts.

NELFT are also working to expand the staffing within their Crisis team to enable service expansion, including intensive home treatment teams (see [Crisis section](#)).

We have always been keen to explore any workforce initiatives, going as far back as joining the London and South East CYP-IAPT Collaborative in 2016, and we have increased the number of training places taken up year-on-year (see [Appendix 11](#) for the status of completed and current training places). In 2021 we have been awarded further Children's Wellbeing Practitioner (CWP) training places as well as a number of Recruit to Train (RtT) posts (which include Cognitive Behavioural Therapy, ASC/LD and Systemic Family Therapy). While RtT offers training to both new and existing staff, CWPs are new roles which will increase the workforce within Kent and Medway.

Due to the expansion of the MHST programme, we will need to recruit a further 52 Education Mental Health Practitioners (EMHPs) and a further 26 Supervisors by 2023/2024. While we have managed to recruit the number of EMHPs needed so far, we have been unsuccessful in recruiting the required numbers of Supervisors. NELFT, who deliver our MHST programme, have implemented a number of incentives to recruit staff and ensure clear progression for those joining the service, but this may become more of a challenge as we continue the expansion programme.

In addition, NELFT have been asked by Primary Care Networks (PCNs) to join the Advanced Roles Reimbursement Scheme (ARRS), which is mandated for adult mental health trusts but not children's. However,

as a system we strongly support the implementation of these roles as they provide additional capacity for children and families that need advice and help prior to secondary care interventions. The roles created through ARRS are a new workforce, working within Primary Care settings. These roles will be a link between both Primary and Secondary Care and will provide an alternative treatment pathway. The role holders will work to make sure that patients receive the right care, in the right place by the right person.

The Spending Review includes a requirement to use recruitment drives and workforce development to build a representative and diverse workforce at all levels of the system, with skills and capabilities to advance mental health inequalities. Our CCG workforce lead is working with us to identify ways to support workforce development work. There are a number of existing initiatives that include:

- using Careers Hub on Health Education England's (HEE) websites including [www.hee.nhs.uk](http://www.hee.nhs.uk) and [www.healthcareers.nhs.uk](http://www.healthcareers.nhs.uk)
- Psychological Professions Network website: [www.ppn.nhs.uk](http://www.ppn.nhs.uk)
- Skills for Health Workforce report: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)
- arranging HEE STAR Workforce workshops, which will focus on new roles, new ways of working, upskilling, supply and demand and leadership, for adult and children's services from Autumn 2021.

Building on the success of previous cohorts of trauma-informed training for Kent and Medway's workforce, in 2021 we commissioned further training for those working with 18-25 year olds within Kent and Medway (see [Appendix 10](#)).

We are also taking an expert-by-experience approach to our young adults' work. This will include creating paid peer support roles for young adults (see [Young adults section](#)).

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## Finance

During 2021, NHSE/I issued guidance to CCGs to make sure that investment into children and young people's mental health services was increased in line with the Mental Health Investment Standard (MHIS). The MHIS aims to drive commissioners' investment in mental health services at a faster rate than their overall increase in allocation. Across Kent and Medway, investment is delivered under the Local Transformation Plan/NHS Long Term Plan framework which is our commitment to growing capacity from early intervention and prevention services through to specialist services. In addition to the MHIS growth, Kent and Medway CCG bid for, and received, investment from NHSE/I Winter Pressure Funding and System Development Funding, specifically targeted to addressing the COVID-19 impact.

Commitment to increased investment for children's emotional wellbeing and mental health services continues into 2021/2022 with the requirement to meet Kent and Medway CCG's NHS Long Term Plan commitments and the stretch targets recently published in the NHS Mental Health Delivery Plan for 2021/2022 (see [Appendix 2](#)). This plan outlines the stretch targets to be met utilising the Spending Review additional investment of £79m nationally for children and young people's mental health.

In 2021/2022, Kent and Medway CCG is committed to invest against the MHIS requirements. This year the investment into children, young people and young adults' mental health, by the CCG, is £31 million. Investment into the All Age Eating Disorder Service is not included within the £31 million as it is an all-age service with the budget held by adult commissioners. The largest proportion of investment is the continuation of existing contracts, with new investment in programmes designed to meet the NHS Long Term Plan requirements for 2021/2022.

Budgets are allocated across Kent and Medway CCG according to the previous CCG structures whereby there were eight separate CCGs. Budget splits are based on the original Local Transformation Plan allocations. In 2021/2022 a review was undertaken and allocation has been realigned, which has seen an increase in Medway's investment compared to previous years.



Funding Stream	Ambition	Services/Projects	Central Allocations by theme	Investment for 2021/22 '000"
<b>CCG baseline including Mental Health Investment Standard Growth: existing contracts</b>	By 2023/24 at least an additional 345,000 children and young people in England aged 0-25 will be able to access support. In Kent and Medway we are seeking to exceed the national ambition by 3,000 children and young people to reach over 22,000 0-25 year olds.	CYPMHS & MYPWS contracts Suicide Prevention Strategy Investment Kooth, The BeYou Project, Mind and Body, Emerge Advocacy Service, Bereavement, Participation and Co-production, BEAT, data analytics, early years emotional wellbeing	Increasing access	£24,339
<b>NHSE/I Service Development Fund (MHST)</b>	By 2023/24 to exceed 50% of the children and young people's population having access to an MHST. In 2021/22, expansion of MHST from 8 to 12 teams.	Mental Health Support Teams in Schools	Emotional wellbeing and mental health in education	£2,842
<b>Service Development Funding</b>	By 2023/24, we will have a comprehensive urgent and emergency mental health offer in place which includes a single point of access, crisis assessment and brief response and Intensive Home Treatment offer. In addition there will be a focus on addressing inequalities for vulnerable groups.	Intensive Home Treatment Team, senior lead for crisis and complex pathways, complex pathway pilot, Looked After Children / Children in Care projects	Community and crisis	£1,914
	To create a comprehensive offer for our young adults across all sectors. In 2021/22 we are required to accelerate existing commitments to support young adults, including students who fall though the gap of services. In addition there will be a focus on addressing inequalities for vulnerable groups.	Experts by experience employment, peer support pilots, needs assessment, care leavers and vulnerable groups support, expansion of services up to age 25, student wellbeing and young adult voice project	18 to 25 young adults	£571
			<b>SDF Total</b>	<b>£2,485</b>
<b>Spending Review (non-recurrent)</b>	Responding to COVID-19 impact by increasing paediatric acute hospital resilience and capacity.	Mental health nurses in all acute hospitals in Kent and Medway	Crisis	£320
	Responding to COVID-19 impact through improved access to information and support, increased system response to known areas of focus such as trauma and anxiety.	Adverse Childhood Experiences project, digital development	0 to 25s	£350
	Responding to COVID-19 and supporting the voluntary and community sector to innovate and provide support to families.	Family support programme, THRIVE roll-out, small-grants programme	Increasing access	£987
			<b>Spending Review Total</b>	<b>£1,657</b>
			<b>OVERALL TOTAL INVESTMENT</b>	<b>£31,323</b>



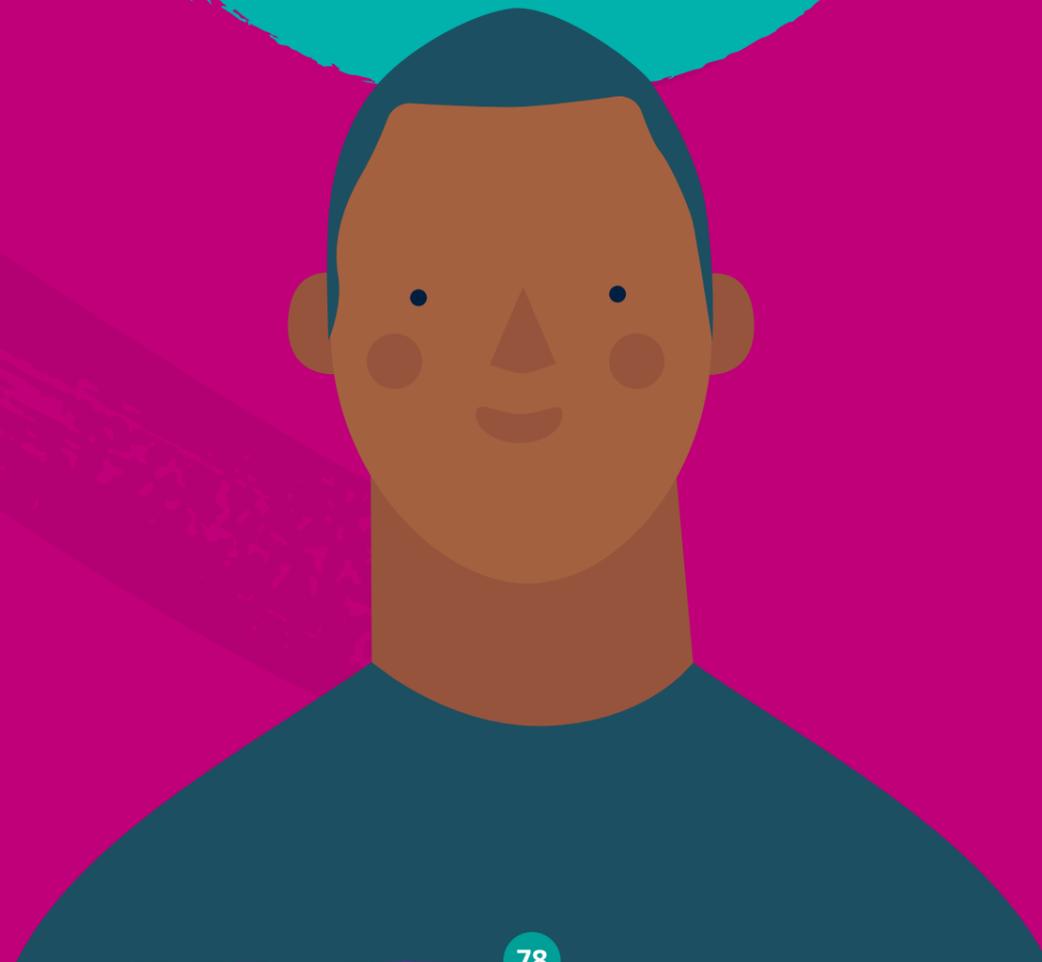
**“Talking to Claire is my highlight of the week. When we talk I feel like my anxiety is being cured. Our chats always leave me in a positive mindset ready for the week ahead of me.**

**Last year I struggled with eating a lot. It felt like Claire took a real interest in what I was eating and the smoothies I was making. This made me really happy. I thought everything I was eating would affect my skin until Claire told me she had spoken to a professional and told me that your body and skin needs a healthy balance of everything. After this call I went downstairs and got a chocolate bar and ate it all! My family were shocked as I hadn't eaten chocolate in months. But the reason I did was because I thought about what Claire had told me. This was a HUGE achievement for me.”**

Feedback from a service user



# 15



## Integrated Care Partnerships (ICPs)

Integrated Care Partnerships (ICPs) are population-based models of care that integrate primary, secondary, community and other health and care services under one single provider contract.

Kent and Medway CCG has four ICPs whose ambition is to reduce health inequalities and provide the right support for local people to live well and stay well. These four ICPs are at different stages of development, and we have prioritised the need to build strong relationships during the coming months to make sure we work collaboratively, and do not duplicate efforts, to support our population of children, young people, young adults and families.

The infographics on the next page highlight key features within each ICP. In addition to the behavioural Pupil Referral Units listed overleaf, *Kent Health Needs Education Service* is available for pupils too unwell to attend school.



### East Kent ICP

**140,558** children and young people are registered in East Kent ICP, making up a fifth of the ICP population

In 2020, **one in six** (16.0%) children aged 5 to 16 years were identified as having a **probable mental disorder**, increasing from one in nine (10.8%) in 2017

*This equates to:*

**22,489**

CYP aged under 18 in East Kent ICP are estimated to have a **probable mental disorder**

A further **one in ten** (9.6%) of children aged 5 to 16 years were identified as having a **possible mental disorder**

**13,494**

additional CYP aged under 18 in East Kent ICP are estimated to have a **possible mental disorder**

#### Schools

**Primary:** 198  
**Secondary:** 41  
**Special:** 11  
**Pupil referral Units:** X



### DGS ICP

**62,401** children and young people are registered in DGS ICP, making up nearly a quarter of the ICP population

In 2020, **one in six** (16.0%) children aged 5 to 16 years were identified as having a **probable mental disorder**, increasing from one in nine (10.8%) in 2017

*This equates to:*

**9,984**

CYP aged under 18 in DGS ICP are estimated to have a **probable mental disorder**

A further **one in ten** (9.6%) of children aged 5 to 16 years were identified as having a **possible mental disorder**

**5,990**

CYP aged under 18 in DGS ICP are estimated to have a **possible mental disorder**

#### Schools

**Primary:** 72  
**Secondary:** 20  
**Special:** 3  
**Pupil referral Units:** 1



### Medway and Swale ICP

**93,677** children and young people are registered in Medway & Swale Kent ICP, making up a fifth of the ICP population

In 2020, **one in six** (16.0%) children aged 5 to 16 years were identified as having a **probable mental disorder**, increasing from one in nine (10.8%) in 2017

*This equates to:*

**14,988**

CYP aged under 18 in Medway and Swale ICP are estimated to have a **probable mental disorder**

A further **one in ten** (9.6%) of children aged 5 to 16 years were identified as having a **possible mental disorder**

**8,993**

CYP aged under 18 in Medway and Swale ICP are estimated to have a **possible mental disorder**

#### Schools

**Primary:** 112  
**Secondary:** 23  
**Special:** 7  
**Pupil referral Units:** 2



### West Kent ICP

**111,374** children and young people are registered in West Kent ICP, making up nearly a quarter of the ICP population

In 2020, **one in six** (16.0%) children aged 5 to 16 years were identified as having a **probable mental disorder**, increasing from one in nine (10.8%) in 2017

*This equates to:*

**17,820**

CYP aged under 18 in West Kent ICP are estimated to have a **probable mental disorder**

A further **one in ten** (9.6%) of children aged 5 to 16 years were identified as having a **possible mental disorder**

**10,692**

CYP aged under 18 in West Kent ICP are estimated to have a **possible mental disorder**

#### Schools

**Primary:** 153  
**Secondary:** 34  
**Special:** 8  
**Pupil referral Units:** 2



# 16

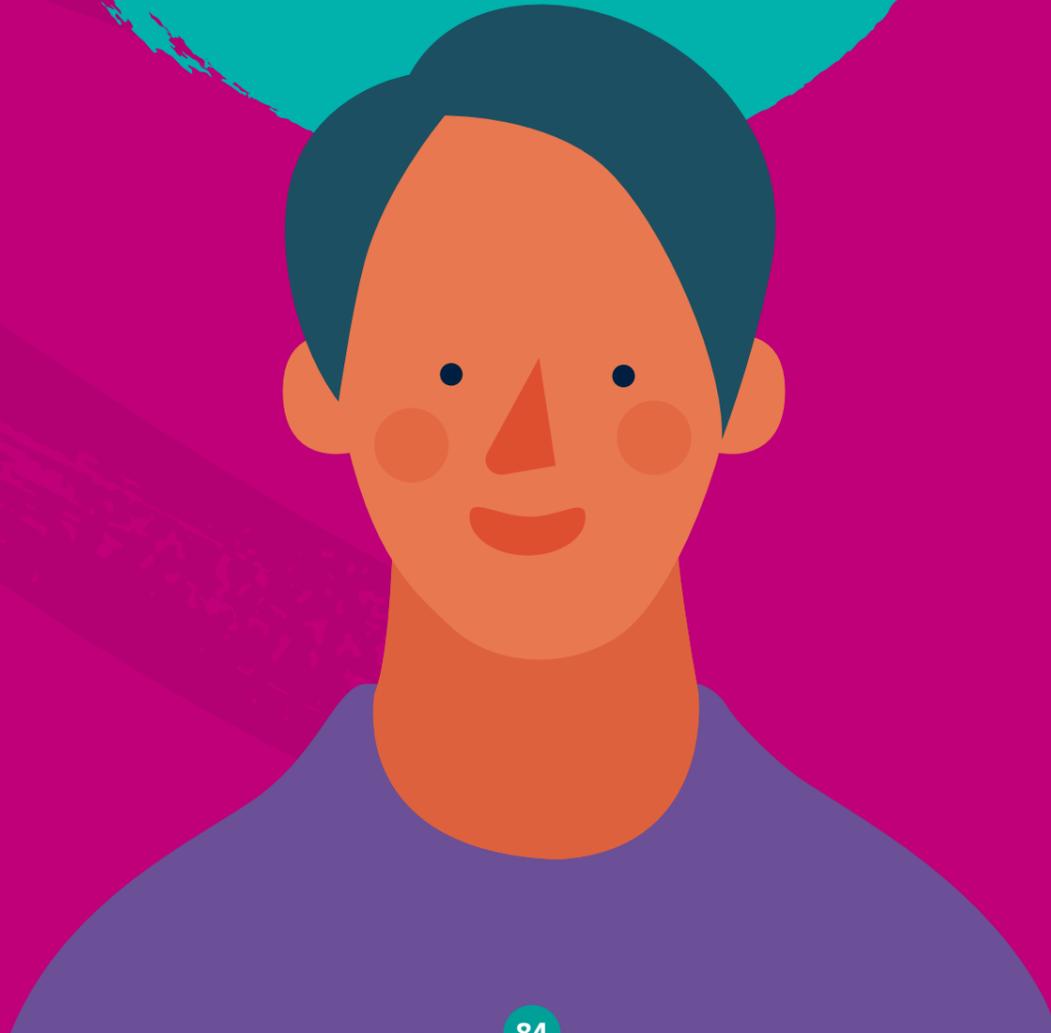


## Managing risks

In this section we outline the key risks to the delivery of our LTP programme.

Risk description	RAG impact on LTP	Risk mitigation
Not being able to meet the needs of children and young people due to the impact of COVID-19 on services and their capacity to meet demand, increased complexity and acuity of need.	Yellow	The additional investment provided to respond to the needs of the pandemic has been used to increase workforce capacity and to put additional support in place such as Kooth digital support for 10-25 year olds and a specialist bereavement service.  We will continue to review emerging evidence to make sure our response is aligned with what the evidence is telling us, as well as listening to our young people, families and workforce.
Being unable to fill vacant posts, or deliver on new programmes of work, due to national workforce shortages which are felt particularly within Kent and Medway, due to close proximity to London.	Yellow	We engage with a number of initiatives for existing workforce to both promote recruitment opportunities and to upskill the existing workforce (see <a href="#">Workforce section</a> ).  We are also engaging with initiatives to create new roles including: Children's Wellbeing Practitioners; Mental Health Support Teams; Advanced Roles Reimbursement Scheme; and, paid expert-by-experience roles for young adults.
Not fulfilling the national ambition relating to the submission of outcomes data and improving the Data Quality Maturity Index score.	Yellow	Our LTP-funded Senior Analyst continues to work closely with NHSE/I, NHS Digital and providers to resolve data quality issues within submissions to the MHSDS.  We have also commissioned bespoke support to make sure providers of services for people aged 18 to 25 years old are submitting good quality data to the MHSDS.
The current neurodevelopmental pathway does not meet the mental health needs of children and young people well enough and has the potential to increase mental health need.	Red	There is a dedicated work stream under the Kent and Medway Special Educational Needs and Disability (SEND) programmes to both reduce the current waiting times and to redesign a pathway that helps children and their families get advice and help earlier. Significant investment has been made to increase the support and diagnostic offer.

# 17



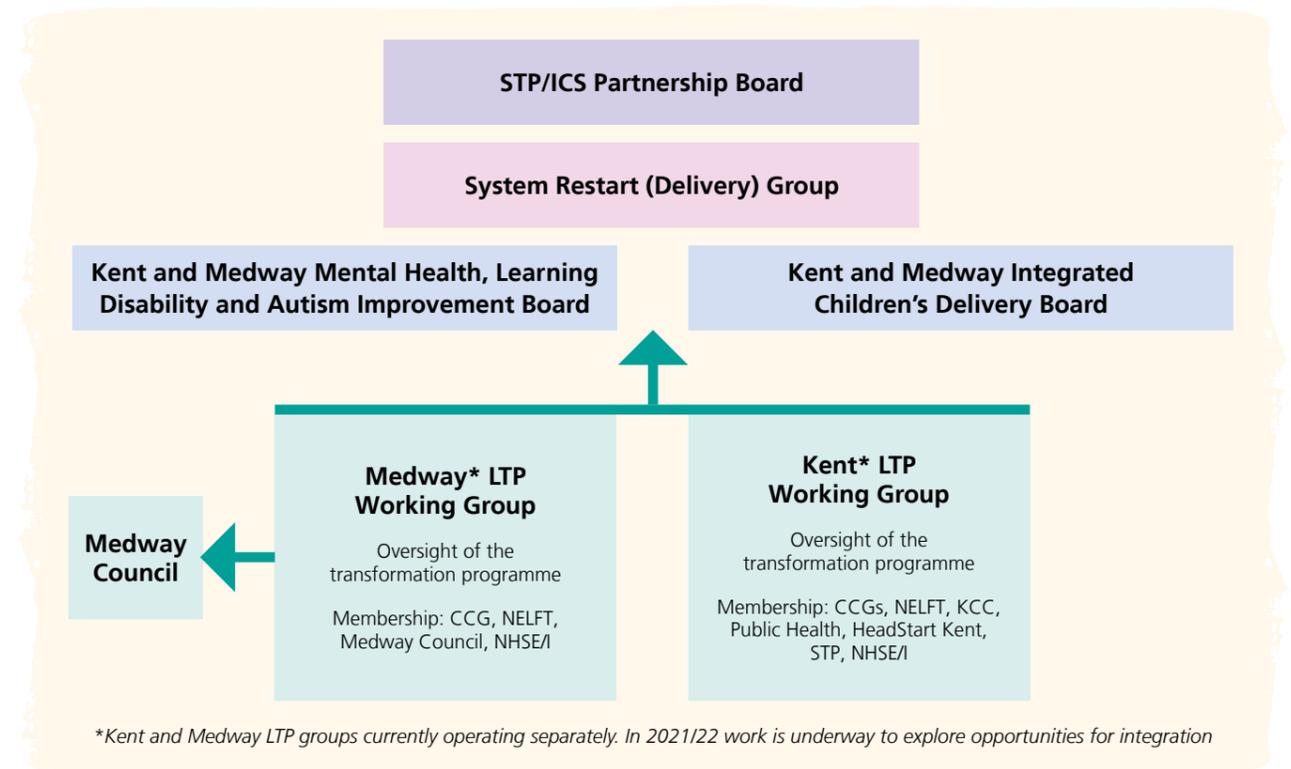
## Governance

The governance arrangements relating to the LTP programme have been updated since the last version of this plan was published. There have been a number of areas of development including:

- merger of eight CCGs into a Kent and Medway CCG/ICS and the creation of the ICS Partnership Board
- creation of the Kent and Medway Mental Health Learning Disability and Autism Improvement Board
- creation of the Kent and Medway Children's Integrated Delivery Board
- creation of four Integrated Care Partnerships which are population-based models of care that integrate primary, secondary, community and other health and care services (see *Integrated Care Partnerships (ICPs) section*)
- closer alignment of the separate Kent and Medway Local Transformation Plan Groups
- emergency COVID-19 response structures.

Due to the significant and ongoing changes to national, regional and local arrangements relating to children, young people and mental health we are planning to review the oversight LTP working groups in both Medway and Kent in 2021/2022.

*NHS Long Term Plan* children's mental health assurance is under the jurisdiction of the Mental Health, Learning Disability and Autism Improvement Board. Integrated approaches to complex pathway, inequalities agenda, neurodevelopmental and SEND are reported to the Kent and Medway Integrated Children's Delivery Board.



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## Appendix

Appendix 1 *Glossary*

Appendix 2 *Mental Health Delivery Plan 2021-2022*

Appendix 3 *Statistical Process Control Chart (SPC) limits*

Appendix 4 *COVID-19 bulletin*

Appendix 5 *Kent participation workers' slides*

Appendix 6 *Kent and Medway participation work*

Appendix 7 *MHST health inequalities slides*

Appendix 8 *Kent & Medway 3 year LDA Plan*

Appendix 9 *Medway Complex Case review*

Appendix 10 *18-25 trauma training flyer*

Appendix 11 *Kent and Medway workforce training*



