



West Sussex Local Transformation Plan (2015-2021)

Refresh 2018/19

Children and Young People's

Mental Health and Emotional Wellbeing

DRAFT October 2018

FORWARD

The transformation of children and young people's emotional wellbeing and mental health services in West Sussex is well underway. There have been a number of key achievements over the past three years, particularly around investment and service redesign across Early Intervention and Prevention services. These developments represent a strong foundation for moving forward with the next phase of transformational change.

The three Clinical Commissioning Groups (Coastal West Sussex, Crawley, and Horsham and Mid Sussex CCGs) in collaboration with West Sussex County Council (the Council) are taking an evidence based, collaborative and integrated approach to developing their plans for commissioning the service and pathways best suited to the needs of children, young people and their families. This collaboration is enabled through the Section 75 arrangements between the CCGs and the Council which establishes an aligned budget and lead commissioning arrangements. We also collaborate both across and outside of the county, commissioning with colleagues across Kent, Surrey and Sussex where greater economies of scale can enhance the quality of services, and on initiatives to support workforce transformation. Through this approach we work together to build resilience, intervene early and improve access to ensure that we deliver a whole system wide approach to transforming services across the county, in particular to the most vulnerable.

The West Sussex Transformation Plan sets out our shared priorities for change and our commitment to ensuring that this happens.

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EXECUTIVE SUMMARY

1 Our Local Context

Our ambition has always been to develop services for children and young people (CYP) in West Sussex so they have access to information and support to stay well, as well as treatment that will help them achieve the best possible mental health.

We have always acknowledged that the journey from childhood to adulthood through emotional health and wellbeing services has weaknesses. Stakeholders, CYP and their families said to us that what matters to them is: 1) being seen quickly, and with high continuity of care; 2) early identification of when help is needed (and that help being available); 3) greater capacity and choice for early support; 4) easy access and simple pathways; 5) recognition of the complexity of their lives; 6) having a great experience of care as well as the right medical intervention; and 7) greater coordination between all agencies (and in particular no gaps between young people's and adult services).

With population growth and changes in the profile of need, demand for services are projected to increase. Although any description of the future is always subject to very high levels of variability, current capacity across the whole system will need to manage an increase in demand of between 5 to 15%.

The Local Transformation Programme (LTP) has been an opportunity for commissioners to invest in services and change outcomes for CYP. In this refresh our priorities are clear, and remain the same as last year, but we have done the following:

- Updated our progress and achievements to date
- Updated our plans for 2019/20 against our agreed priorities, in response to progress this year
- Included more information about how we are using data to ensure we are improving access to services and measuring outcomes for CYP.

2 Progress and strengths 2015-18

Since 2015 we have delivered the following:

1. Improved integration with Council services and early (non-medical) support to CYP is being provided through the Youth Emotional Well-being Service
2. More capacity and greater choice of support for CYP, GPs, children's social care and schools, leading to significantly improved access
3. An expansion in training for all staff working with CYP

4. A network of Schools committed to working with us to improve outcomes for their pupils, and huge progress in our schools and colleges agenda
5. Developments such as an eating disorder service and a new Community Mental Health Liaison service
6. Strong partnerships with both our local NHS Trust and a wide range of independent providers and stakeholders (evidenced through our partnership board and the wide variety of services available to CYP)
7. Continued co-production with users in everything we do
8. Continued commitment from CCGs (demonstrated by additional funding outside the LTP)
9. An Outcomes Framework (showing how we are making a difference to CYP), and increased monitoring and evaluation of services
10. An outline workforce strategy in partnership with commissioners across Kent, Surrey and Sussex

3 Our priorities 2018 to 2021

In addition to an increase in the needs of CYP, there are further gaps which require addressing including: 1) clarity of pathways and integration with local authority services; 2) communication between services and primary care and schools; 3) managing increases in demand for Eating Disorder services and redesigning the Neuro-Development pathway; 4) workforce planning and delivery; 5) further training and skills development for those professionals in primary care and other universal children's services; and 6) the transition for young people into adult services.

In response we will continue to invest in the following key areas in 2018 to 2021.

1. Eating Disorders
2. Early intervention, prevention and targeted services and support
3. Crisis Care and Urgent Help
4. Health and Justice Pathway
5. CYPIAPT
6. Workforce Transformation
7. Most vulnerable children and young people
8. Redesigning the neurodevelopmental pathway
9. Transition - Services for 16-25 year olds

To ensure the on-going evaluation of outcomes, client experience as well as financial costs and benefits we are currently finalising a mid-programme review. The on-going evaluation of outcomes and the findings of the review will inform how we allocate resources, and develop services, during the remainder of the transformation programme. In addition, further STP and Sussex wide collaboration will be expanded to ensure economies of scale where needed.

1 INTRODUCTION

The West Sussex Local Transformation Plan (LTP) outlines an integrated, multi-agency system-wide approach which builds resilience, improves access to services and supports CYP along pathways of care whatever their needs. By 2021, in collaboration with key partners, we will have:

1. Accessible, timely services in the community.
2. Intervention and targeted services catching problems early.
3. More capacity and greater choice along the continuum of need.
4. A focus on outcomes, particularly for the most vulnerable.
5. Fewer gaps between services, including improved transition between CYP and adult provision.
6. A workforce with the skills required to deliver the services CYP tell us they want and need.

This report is structured as follows:

- Background and context is contained in Section 2
- The current provision of Services is explained in Section 3
- Our achievements and progress to date are described in Section 4
- Our priorities for the future are outlined in Section 5
- The financial plans that underpin the transformation are detailed in Section 6
- The enablers to support delivery are described in Section 7
- Governance and risks and are explained in Sections 8 and 9

All Appendices are attached including our response to the Key Lines of Enquiry.

2 BACKGROUND AND CONTEXT

2.1 National picture

Recent national policy reflects the general consensus that the resilience and emotional wellbeing of CYP is facing greater challenges than ever before. The publication of *Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing*¹ marked the start of a determined effort to improve the services offered to CYP experiencing mental health and emotional wellbeing issues through the development of LTPs.

This drive for transformation is reflected in The Five Year Forward View² which highlights the need for more extensive prevention, reduced inequalities between geographical areas and types of CYP, further engagement of CYP, and strong clinical leadership to build new ways of working.

2.2 Local context

In this Section we explain our local context across three key areas: CCG, local authority relationships and the STP agenda.

The three West Sussex CCGs (Coastal West Sussex, Crawley, and Horsham & Mid Sussex CCGs) have supported the development of emotional well-being and CAMHS services before the advent of the LTP. CCGs have allocated additional *Redesign Funds* on an annual basis to commissions since April 2015 (see Section 6.1 for further detail). Therefore, this LTP refresh builds on the foundations and aspirations of the previous 3 years **and** reflects the ongoing commitment of local commissioning organisations to improve CYP mental health and emotional well-being services.

In addition, it is important to note that NHS (and related local authority children’s services) are planned jointly and the commissioning team is staffed by both NHS and West Sussex County Council (the Council) employees.

Our plans for these services have also gone through several versions and modifications. This plan is our third LTP refresh and supersedes the 17/18 plan, and the original 2015/16 plan. All were approved by the Health & Well Being Board, CCG Boards and our CYP Emotional Wellbeing and Mental Health Partnership Board. These outlined the initial plans for transformation with a focus on early intervention, resilience and promoting mental health and well-being, and targeting resources to those most at risk and vulnerable.

¹ NHS England Publication Gateway Ref. No 02939

² NHS England October 2014

For example:

- Our LTP remains a whole system approach and we are working locally with a range of services and other agencies such as schools, colleges, children's social care services, voluntary and community services and primary care.
- Working closely with the Council is particularly important in the Transforming Care Programme (another key national driver for change). More specifically in recent years there have been a number of requirements for the NHS and local authorities to review and improve the care for CYP with complex learning disabilities (and/or autism, challenging behaviour and other mental health issues) as well as those with mental health needs being treated in hospitals.

Reflecting the national context, mental health has also been identified as a priority area to address within the Sustainability and Transformation Partnership (STP) for Sussex and East Surrey.

We have a history of successful collaborative commissioning across Sussex and we will maximise opportunities to collaborate further with our commissioning colleagues in Brighton and Hove, East Surrey and East Sussex. Together with providers, we are already sharing approaches (and resources) across the STP to ensure a sustainable system.

The LTP is an important part of our CCGs' contribution to the local STP, with our local 'footprint' including North and South Central Sussex Commissioning Alliances as well as the large coastal strip. The development of STP wide planning is explored further in Section 7.

2.3 Local need

Our understanding of need, demand and capacity has been built-up based on several pieces of analysis conducted over the last few years. This section summarises our understanding of need, demand and the key gaps in provision as the foundation for our future plans.

2.3.1 Demographic profile¹

West Sussex is a diverse community with approximately 173,300 CYP under age 18 (20.4% of the total population²).

In West Sussex, 13.2% of children and young people (aged 0-19) are from minority ethnic backgrounds³. This is a smaller proportion compared with the national average (25.1%).

¹ West Sussex Joint Strategic CYP emotional wellbeing and mental health needs assessment 2014.

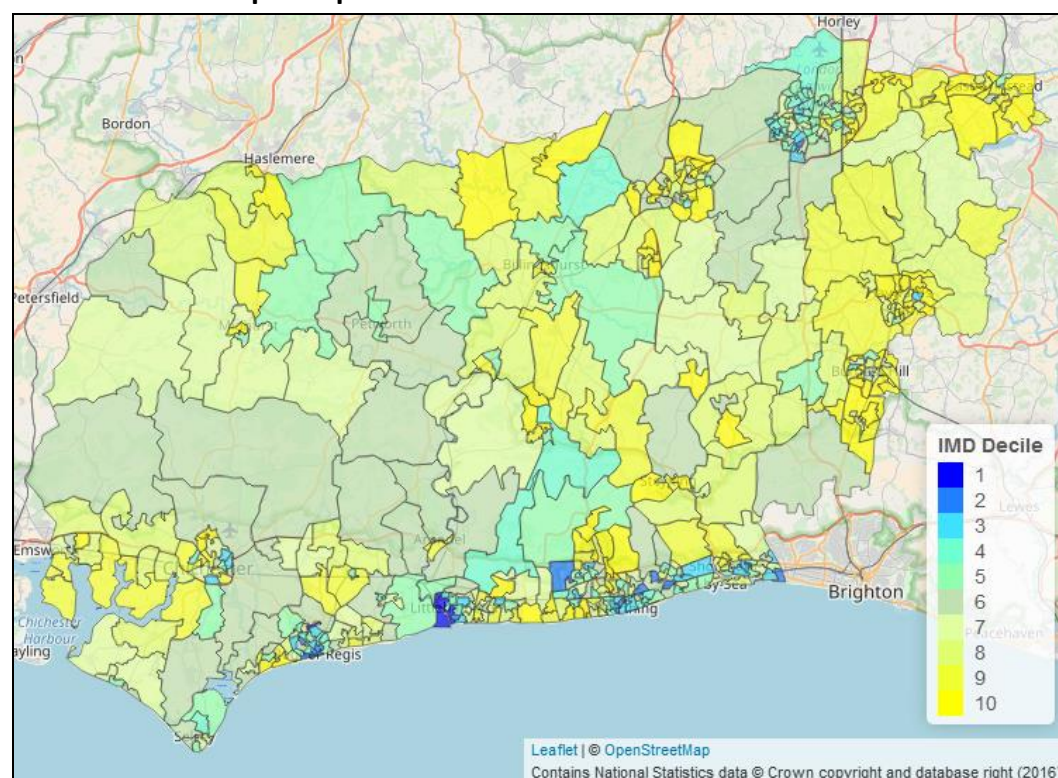
² 2017 mid-year population estimate, ONS

³ 2011 census

The largest minority ethnic group in West Sussex are from Asian/Asian British communities (4.5%). The proportion of the population from minority groups varies across the county; Crawley has the greatest proportion children and young people who are from ethnic minority groups (31.9%).

Whilst West Sussex is one of the least deprived counties in England, small pockets of deprivation do exist. West Sussex is ranked 131st of 152 upper tier authorities on the Index of Multiple Deprivation 2015 (1 is the most deprived). However, in relation to “neighbourhood level” deprivation, four small areas in Arun⁴ are among the 10% most deprived areas in England, and a further 44 areas are among the 30% most deprived nationally (9.5%). Of the West Sussex Districts and Boroughs, Adur remains the most deprived, followed by Crawley, Arun and Worthing. Mid Sussex remains the least deprived in West Sussex.

Figure 1: National deprivation deciles of lower super output areas (LSOAs) in West Sussex on the Index of Multiple Deprivation 2015



In 2015, 10.9% of children aged under 16 were living in low-income families in West Sussex, a significantly smaller proportion compared to England (16.8%)⁵. This equates to around 15,500 children living in relative poverty in the county. Child poverty varies across West Sussex with the highest rate seen in Crawley (14.8%) and the lowest in Mid Sussex (6.9%). However all districts and boroughs within West Sussex fall below the national rate.

⁴ These areas fall within the Courtwick with Toddington, River and Bersted wards.

⁵ HMRC: children in low-income families local measure 2015

Recent population projections by the ONS⁶ suggest that if current trends continue, the population of under 18s in West Sussex will see a small increase in the coming years.

2.3.2 Needs analysis

A joint strategic needs assessment (which included a wide range of user consultation and the mapping of current services) was undertaken in 2014 and provided a comprehensive view of local provision, need and gaps⁷. In addition to analysis of national and local datasets, the views of CYP, their families and stakeholders were sought and were integrated into the priorities highlighted in the original LTP.

In 2004, ONS conducted a national survey⁸ to estimate the prevalence of mental health conditions in children aged 5-16. The survey results have been applied to the West Sussex population taking into account age, sex and socio-economic classification⁹. In 2015, 8.4% of children and young people aged 5-16 were estimated to have a mental health condition in West Sussex. This equates to around 9,500 children. The ONS survey found that the most common mental health disorders among CYP were anxiety, depression, eating disorders, conduct disorders, self-harm and attention deficit hyperactivity disorder (ADHD). These estimates use data from a national survey conducted in 2004; there are indications that prevalence of mental health conditions among children and young people has increased and that this is an underestimate. A national study of Health and Wellbeing among CYP is currently underway, and will provide more robust estimates¹⁰.

In addition to the 2004 survey, the What About YOUTH survey¹¹ (2014) focussed on the health, behaviour and wellbeing of 15 year olds in England. The data shows that 59.0% of those surveyed in West Sussex reported being bullied and 51.0% stated that their body “was about the right size”. The average WEMWBS¹² score (a set of questions on emotional wellbeing) of 15 year olds was 46.8 in West Sussex; significantly lower than the national average of 47.6.

Locally, the Public Health and Social Research Unit has recently completed a health and wellbeing survey of children in Year 6. Thirty-nine schools in West Sussex took part, with nearly 1,200 responses received. Initial analyses have revealed an average score of 7.8 on a subjective wellbeing measure (max score of 10), with nearly 8 out of 10 year 6 pupils in West

⁶ ONS: subnational population projections 2016. Population projections examine current trends in births, deaths and migration (in the previous 5-years), and project these forward. Population projections are **not**

⁷ [West Sussex Mental Health Needs Assessment: Children and Young People \(June 2014\)](#)

⁸ [NHS Digital: Mental Health of Children and Young People in Great Britain \(2004\)](#)

⁹ As part of the PHE [CYP mental health and wellbeing profile](#) (Fingertips)

¹⁰ [NHS Digital: National Study of Health and Wellbeing: Children and Young People](#)

¹¹ [NHS Digital: What About Youth Survey \(2014\)](#)

¹² Warwick-Edinburgh Mental Wellbeing Scale

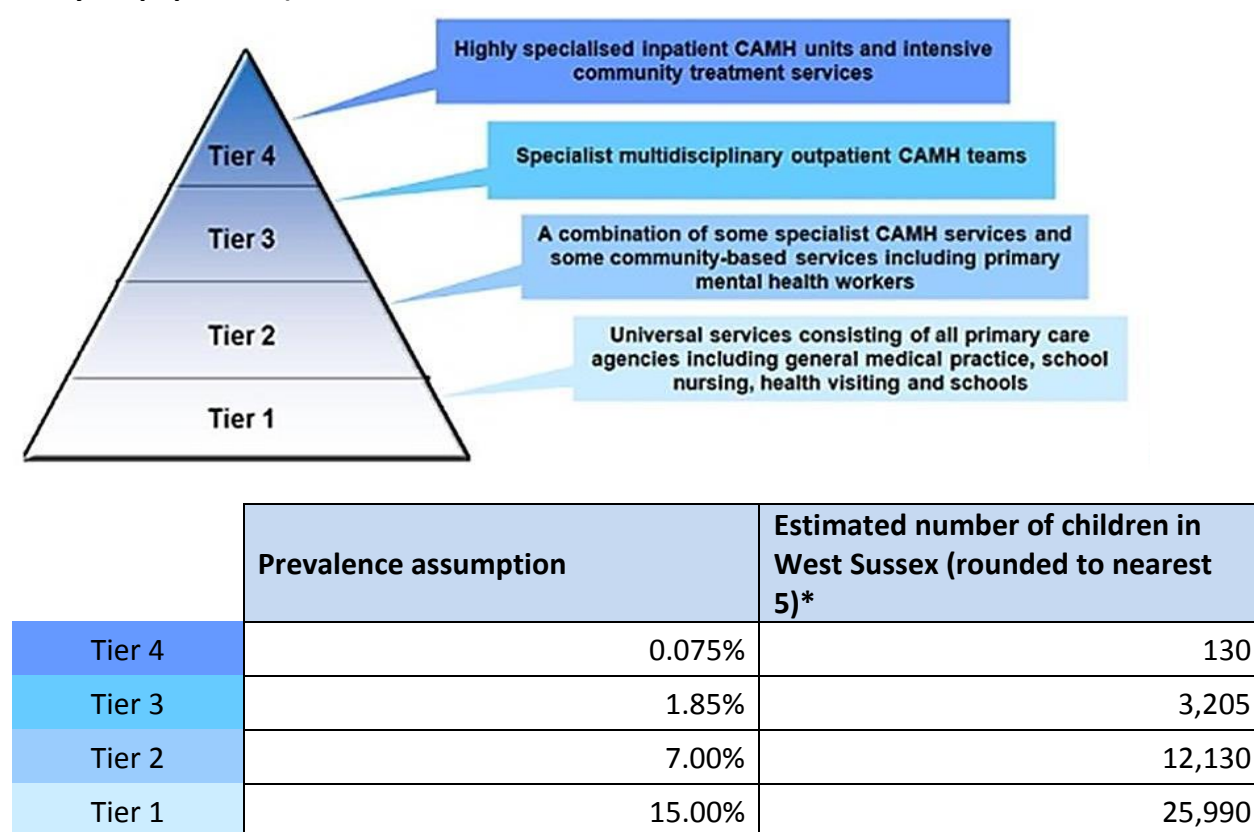
Sussex “thriving”. Around half of year 6 pupils responding to the survey reported that they had been bullied in the past year, with verbal bullying being the most common. Three-quarters of year 6 pupils said that they talked to parents or teachers if they had problems or worries. Further analyses will be released in the full report.

2.3.3 Expected prevalence by CAMHS tier for West Sussex

Mental health services are often described in terms of *tiers*, where services become more specialised, from emotional wellbeing services at Tier 1 to highly specialist outpatient teams and inpatient provision at Tier 4.

Prevalence estimates (population aged 17 and under) based on findings published in “Treating Children Well”¹³ are shown below against each of the tiers. These provide an estimate of West Sussex CYP who may at any one time, need a service response or support.

Figure 2: Estimated number of CYP by Service Tier (prevalence estimates applied to 2017 mid-year population)



* Based on 2017 mid-year population estimates. Counts rounded to nearest 5.

¹³ Kurt, 1996

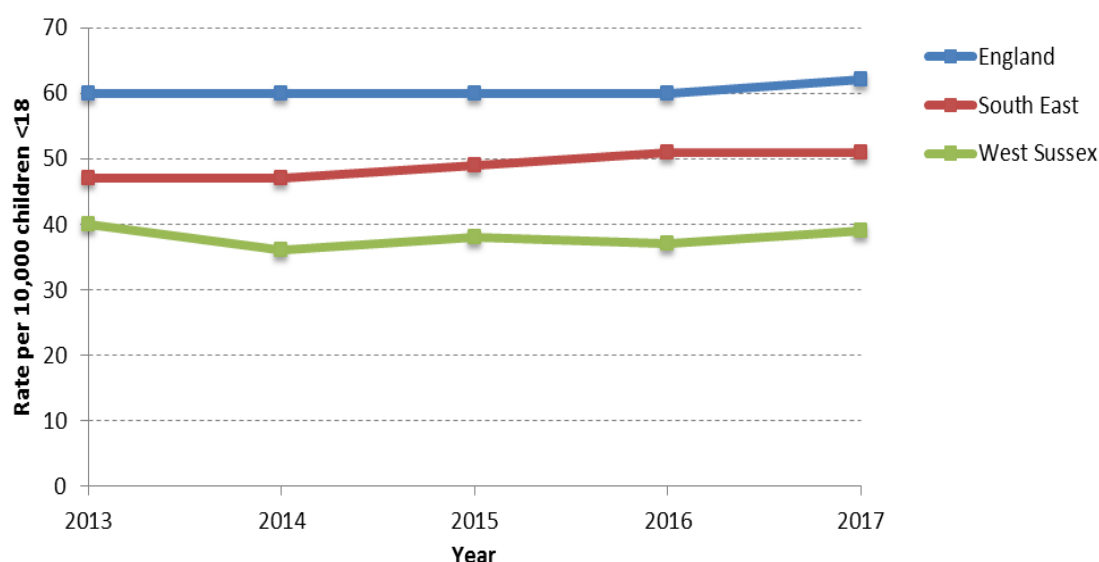
2.3.4 Children who are looked after

The Public Health and Social Research Unit have recently completed a Children Looked After needs assessment¹⁴. This piece of work revealed:

- The rate of looked after children for West Sussex has been consistently below that for England
- The rate for England and West Sussex has remained fairly constant between 2013 and 2017
- Compared with England, the profile of looked after children in West Sussex is older, with a similar proportion of those aged under 4 and a smaller proportion of those aged 5 to 9 years.
- Locally, there has been a steady increase in unaccompanied asylum seeking children between 2012 and 2015, and a marked rise from 2016 (particularly among those aged 16+).
- The changing age and sex profile of the county's looked after children may be due to the rising number of unaccompanied asylum seeking children, who tend to be older and more ethnically diverse.

Table 1 reveals that the primary category of need for children looked after in West Sussex is dominated by abuse and neglect (which we know has a significant and enduring impact on emotional wellbeing and mental health).

Figure 3: Rate of children looked after at 31st March (per 10,000 children aged under 18) during 2013 to 2017 in West Sussex, the South East and England



Source: Children looked after in England including adoption

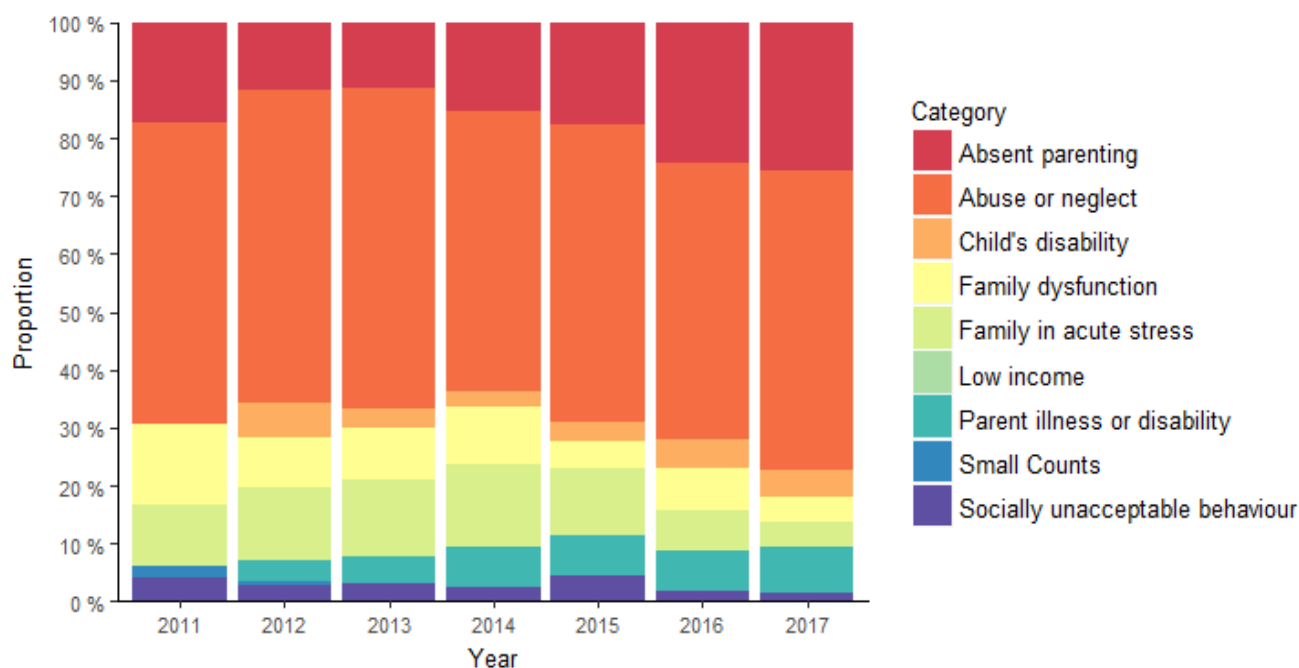
¹⁴ [West Sussex Children Looked After Needs Assessment \(September 2017\)](#)

Table 1: Number of children who started to be looked after during the year ending 31st March 2011 to 2017 by category of need

Category of Need	Children who started to be looked after in the year ending 31 st March						
	2011	2012	2013	2014	2015	2016	2017
Abuse or neglect	175	155	185	195	150	180	195
Child's disability	<5	15	15	10	10	20	15
Parent illness or disability	<5	10	25	15	20	25	30
Family in acute stress	35	35	40	45	45	25	15
Family dysfunction	45	25	15	30	30	25	15
Socially unacceptable behaviour	15	10	15	10	5	5	5
Low income	0	<5	0	0	0	0	0
Absent parenting	55	35	65	40	45	90	95

*Values rounded to nearest 5. Values between 1 and 5 are suppressed.

Figure 4: Proportion of children who started to be looked after in the year ending 31st March by category of need (2011 to 2017), West Sussex



Source: DfE – [Children looked after in England including adoption](#)

The Insight team at West Sussex County Council has undertaken demand projections for Children's Social Care, to 2019/20; this includes projections of the number of children who will be looked after. These analyses suggest that the number of CLA is projected to increase by 16% between 2015/16 and 2019/20.

A four year forecast model was developed in early 2016 to project numbers of CLA up to 2019/20 and their associated costs. The model has been updated with the CLA list as of 21st March 2016. As of October 2016, the 'Most Likely Case (Average)' scenario has already been exceeded; there were 689 CLA at the end of October¹⁵.

2.3.5 Permanence – Adoption in West Sussex

The number of children placed for adoption in each quarter has also shown an overall increase, despite very low numbers between October 2014 and March 2015. However, the rate of children placed for adoption per 10,000 children in the population is higher than the national average. The projection of the number of CYP having adopted locally is shown in Table 2.

Table 2: Actual and projected adoptions in West Sussex

Year	Adoption Actual	Adoption Projection
2014/15	108	-
2015/16	155	-
2016/17	162	-
2017/18	-	168
2018/19	-	174
2019/20	-	180

Post-adoption support (and emotional well-being and CAMHS in particular) is critical to build and sustain the resilience of the child and their adoptive families and to reduce the risk of adoption breakdown.

2.3.6 Suicide prevention and self-harm

A West Sussex Suicide Prevention Strategy (2017-2020)¹⁶ has been completed and supports both the cross-Government National Suicide Prevention Strategy (2012) and the Five Year Forward View (which states the ambition is to reduce the number of people taking their own lives by 10% nationally by 2020-2021 compared to 2016-17). The strategy identifies a number of key priorities including increasing confidence and skills of the workforce who support CYP at risk of suicide.

In addition, a recent local audit of suicide and self-harm found that:

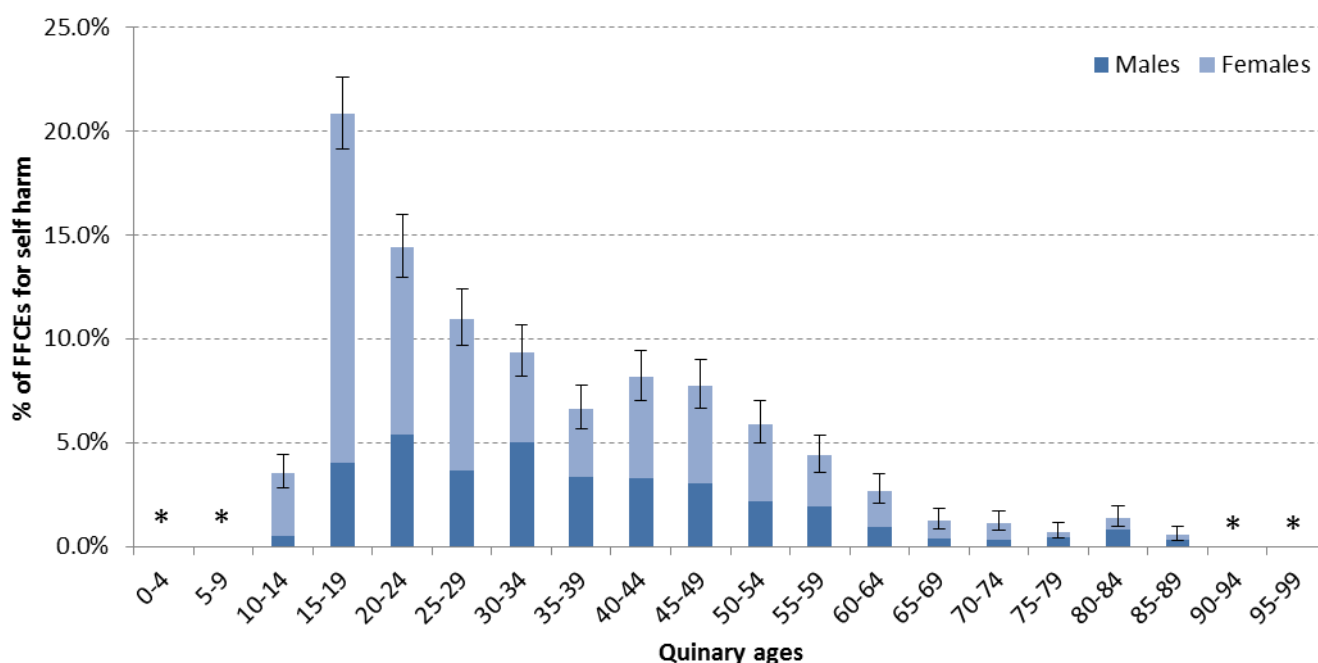
¹⁵ This figure sits within the range of figures projected, and is equal to the 'Average + Standard Deviation' year-end projection, which is the scenario used as a basis for the overall projections - see the [West Sussex Children Looked After Needs Assessment](#) (pg29-30) for further information.

¹⁶ [West Sussex Suicide Prevention Strategy 2017-2020](#)

- West Sussex has had a consistently higher rate of self-harm admissions among children and young people (aged 10-24) than England for a number of years
- Self-harm is more common among young people and often manifests during adolescence; locally, two-fifths (20.8%) of all emergency hospital admissions for self-harm were among young people aged 10-24 (2015/16 data)
- The West Sussex suicide audit revealed that a third (34%) of individuals had a known history of self-harm, rising to 50% in those aged under 25 years
- During a three-year period (2013-15) there were less than 5 deaths recorded among under-18's and fifteen deaths in under-25's (7.0% of total)
- In West Sussex, males were more likely to take their own lives at an earlier age, with two fifths (41.6%) of male suicides among men under the age of 45 (compared to 26.9% of women)
- In general a lower proportion of suicides involve adults aged under 45 in West Sussex compared to England.

Figure 5 highlights the significant proportion of self-harm admissions accounted for by young people aged 15-19 in West Sussex. This data includes those self-harm events that are severe enough to warrant hospital admission and does not reflect the true burden of self-harm on the health and wellbeing of young people in West Sussex.

Figure 5: Proportion of first-finished consultant episodes (FCEs) to hospital in an emergency for self-harm in West Sussex by 5-year age groups (2015/16)

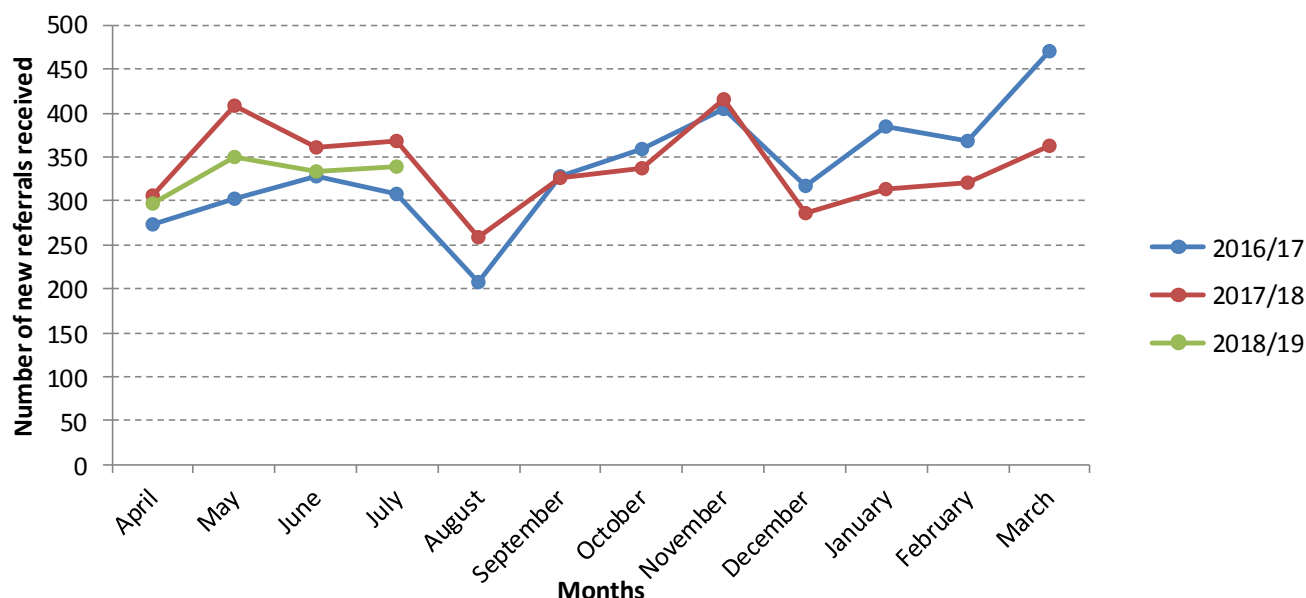


Note. * indicates where data has been suppressed due to small counts (five or fewer). Data reflects admissions, not individuals; the same individual may have been admitted to hospital on multiple occasions within the reporting period.

2.3.7 Local demand and capacity

Building on analyses of need, we have explored referral, activity and caseload activity to CAMHS in West Sussex. The figures below reflect monthly activity from April 2016/17 through to July 2018/19. Whilst monthly variation is apparent, referrals to CAMHS services have been generally consistent (just over 4,000 referrals in 2016/17 and 2017/18 - Figure 6).

Figure 6: Referrals to CAMHS



Note. The figure shows **all** referrals (not accepted referrals) for patients from West Sussex CCGs referred into any service in Sussex CAMHS.

The number of first and follow-up appointments offered each month has declined throughout 2017/18 compared with 2016/17 (Figure 7 and Figure 8). The number of first appointments offered has decreased by around a quarter (-25.7%) and the number of follow-up appointments offered has decreased by around a third (-36.5%) from 2016/17 to 2017/18.

Figure 7: First appointments offered

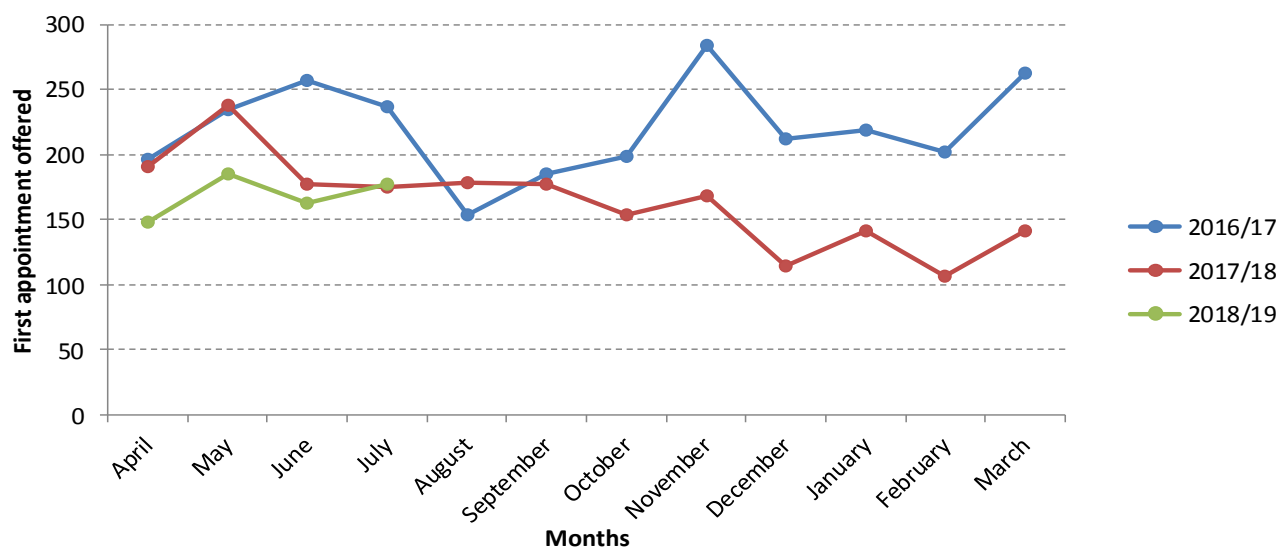
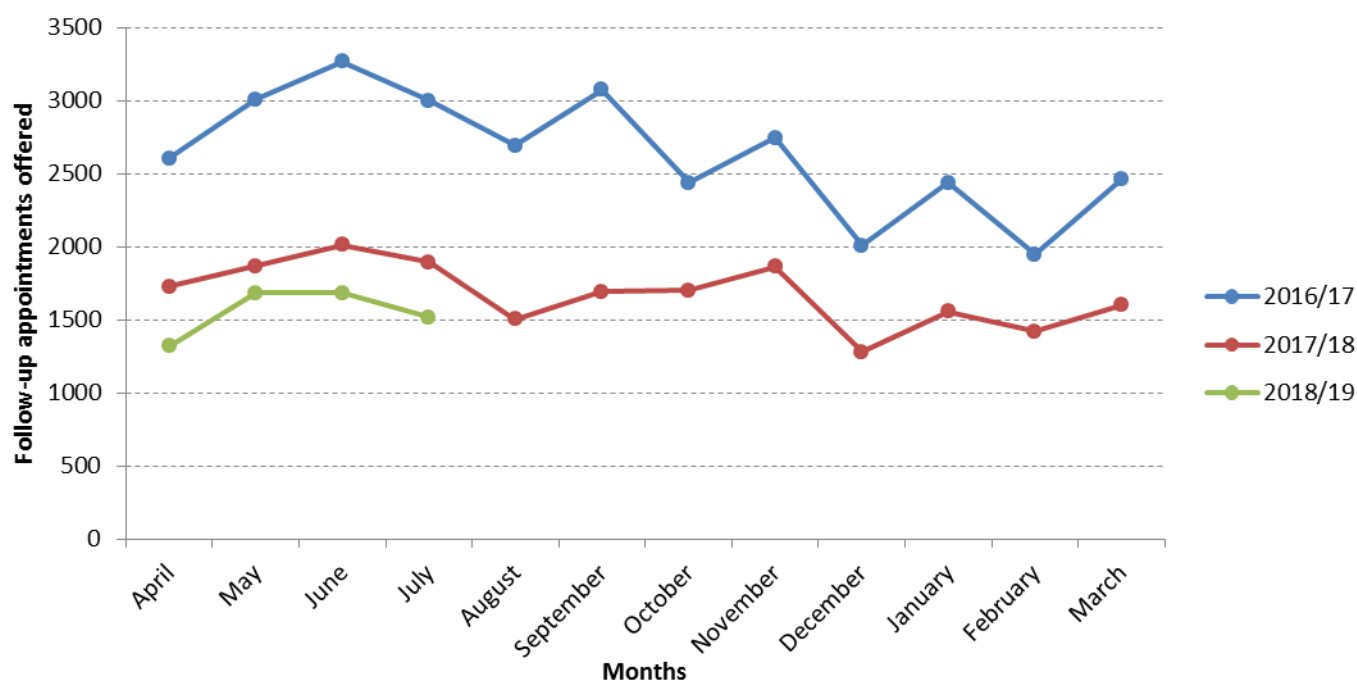
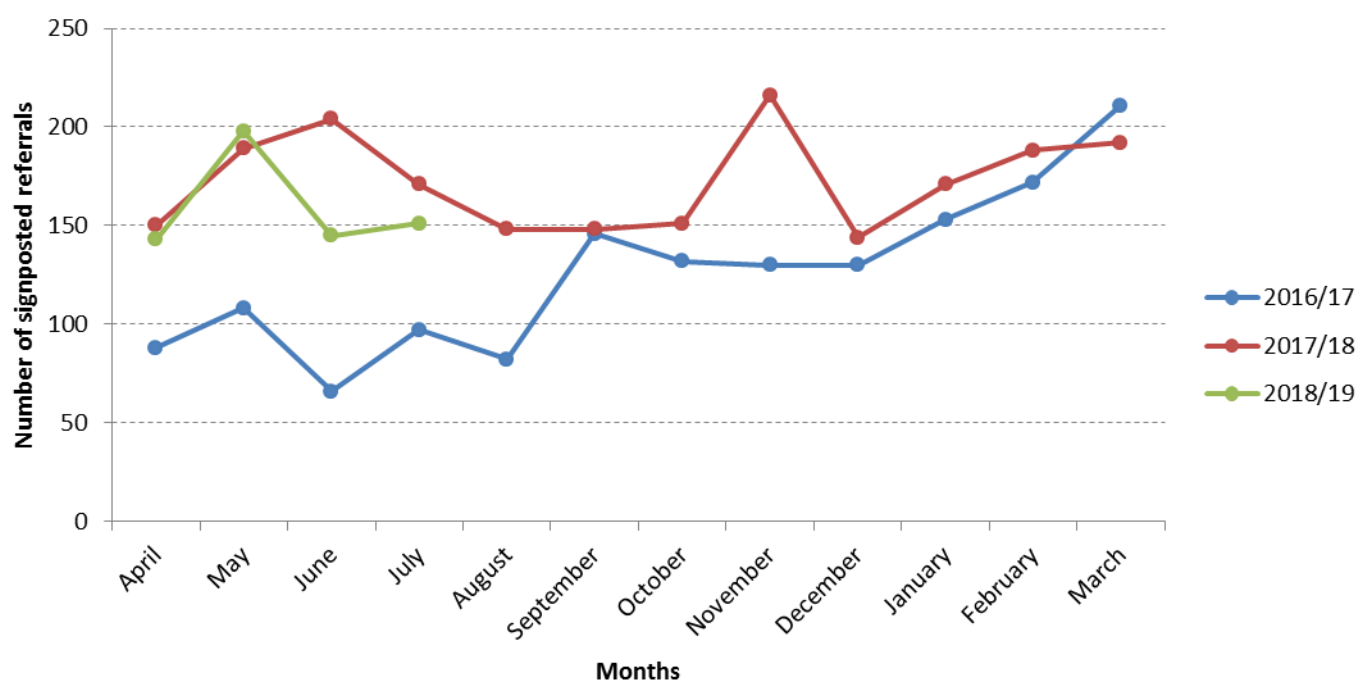


Figure 8: Follow-up appointments offered



The number of referrals received by CAMHS that are signposted has remained high following a sizeable increase toward the end of 2016/17 (Figure 9). The proportion of all referrals to CAMHS that are signposted has increased from 37.3% in 2016/17 to 50.9% in 2018/19.

Figure 9: Signposted referrals



2.3.8 Conclusion

The key findings are:

1. Nationally and locally there is an increasing need for services for CYP who require emotional and mental health support.
2. The current levels of referrals are not always reflective of the mental health needs of the CYP. However, Public Health indicate there are 10,900 CYP in West Sussex (aged between 5 and 16) with a diagnosable mental health problem. With expected population change, this number is expected to increase by 10% by 2021.
3. There is a need to commission both more, and different, types of capacity across the range of EWB and CAMHS services due to the: wider societal and policy changes, the increases in the projection of local 0-18 population and the increasing complexity of CYP presenting to services.
4. Additional early help has supported a wide range of CYP and there is evidence emerging of the value of this in offering a more timely response.
5. In terms of continuous improvement, our investment plans need to be informed by further analysis of the need, demand and capacity across the whole pathway - and not just a focus on waiting times for mental health assessment or caseloads⁸.

Overall, with population growth and changes in the profile of need, demand for services are projected to increase. Although any description of the future is always subject to very high levels of variability, current capacity across the whole system will need to manage an increase in demand of between 5 to 15%.

⁸ For example locally a survey has been undertaken with Year 6 (10/11 year olds) in approx. 30 primary schools to provide information on emotional and mental wellbeing and resilience. This information will be available to West Sussex commissioners by Q4 2017/18.

3 CURRENT PROVISION IN WEST SUSSEX

West Sussex has a wide range of services currently available for CYP needing mental health and emotional wellbeing support.

Prior to 2015 (and the redesign and LTP investments) there was an overall lack of capacity in early intervention and support (Tier 2).

This section highlights the range of services which commissioners have redesigned with CYP and partners (and forms part of our baseline services and are not funded predominantly by additional redesign and LTP monies).

A comprehensive list of commissioned services is included in Appendix 1.

3.1. *Specialist Child and Adolescent Mental Health Services (Tier 3)*

Core specialist community CAMHS are provided by Sussex Partnership Foundation Trust (SPFT) from a variety of locations. These are services for CYP up to the age of 18, where there is likelihood that the child has a severe mental health disorder and whose symptoms or distress and degree of social and/or functional impairment are severe. The service works with CYP where there is a high level of complexity including significant risk of harm to self or others, seeking asylum and safeguarding concerns. The service provides a range of therapeutic and psycho-pharmacological interventions, consultation and liaison with other services as appropriate and an out of hours service.

3.2 *Early Intervention in Psychosis Service*

The Early Intervention in Psychosis Service (EIP) service is for people aged between 13 and 65 who are experiencing a first episode of psychosis (FEP) and their families and friends. The service is commissioned Sussex-wide and has recently been expanded to assess the support needs of those within the age range with At Risk Mental States (ARMS). The service offers a comprehensive range of NICE-concordant therapies including CBTp, Family Intervention Therapy and a range of interventions to support physical health needs, all of which are delivered by highly trained teams of staff whose developmental needs have been met through HEE-led training programmes.

The national target for EIP is that 50% of patients with suspected FEP begin treatment within 2 weeks. This is far exceeded in West Sussex (92.9% of patients were seen within that period (as at July 2017)).

3.3 Perinatal Mental Health Service

The service is designed to target antenatal women who develop mental health problems related to pregnancy, women with post-natal mental illness and women with pre-existing psychiatric disorder. The service works with women throughout their pregnancy until one year post childbirth. The team accepts referrals for women who are experiencing severe mental health problems, but will also offer advice, information and signposting for health professionals working with women with less severe presentations.

3.4 Early Intervention and Prevention Services

A number of early intervention, prevention and therapeutic services have been commissioned. These include:

Blended counselling service, provided by YMCA Downlink, which offers a combination of telephone and face to face counselling (including canine assisted therapy), online counselling and group support. This service is delivered within Find it Out Shops, leisure centres and libraries. The main issues young people present with are suicidal thoughts, self-harm, isolation, bullying, arguments at home and alcohol/drug use. Specialist bereavement counselling is also available through Winston's Wish.

A range of other **therapeutic services** are provided, including the NSPCC Domestic Abuse Recovery Together (DART) to mothers and children who have been affected by their exposure to domestic abuse delivered by My Sisters House. Lifecentre offers pre-trial therapy, face to face counselling and play therapy, supported by telephone and text helplines to children and young people and their families who have witnessed sexual abuse. Therapeutic intervention to unaccompanied asylum seeking CYP is offered through SPFT in collaboration with Children's Social Care.

Mental health community liaison services offer consultation, advice and direct case work with a specific focus on under 12 year olds and their families. A complementary advocacy service is also delivered through Brighton and Hove MIND.

4 MAKING PROGRESS, MAKING A DIFFERENCE - ACHIEVEMENTS SO FAR

Significant improvement in local services has been made possible in the first 3 years of LTP investment.

This section outlines some of our key achievements and highlights the areas for further work in 2019/20 and beyond (which are described more fully in Section 5).

4.1 *Therapeutic Support for children and young people who have-witnessed / experienced sexual abuse*

Following a needs assessment and consultation with over 100 CYP people and stakeholders, a local voluntary sector organisation (Lifecentre) was procured to offer pre-trial therapy, face to face counselling and play therapy, supported by telephone and text helplines. 207 CYP have accessed this service since it was launched in July 2016. In the last year referrals have increased by 30% since last year. Our ambition is to continue to offer this service and work closely with NHSE and providers to develop clearer pathway between the SARCs and therapeutic support services.

Anonymous 15 year old girl–“I felt supported and counselling helped me understand what I was feeling.”

*“I now know how to deal with memories of what happened and know it was not my fault”
(14 year old using Lifecentre)*

4.2 *Support for lesbian, gay, bisexual, transgender or unsure (LGBTU) young people*

Support for the young LGBTU community was identified as a gap during the needs analysis. As a result a pilot project was set up delivering support groups and 1:2:1 counselling. The project also included training and advice to agencies and the creation of a resource to support students/professionals who are facilitating their own LGBT groups in schools and colleges. Many LGBTU young people experience isolation and the service enables them to be themselves, talk about their feelings and make friends in a safe and fun environment.

4.3 *Youth Emotional Support*

This Service supports young people aged 11-18 with a wide range of emotional wellbeing issues, from low mood and anxiety to anger, confidence and relationship issues. Caseworkers and support workers offer group programmes and intensive one to one support within local Find it Out Shops and various community settings (e.g. schools/colleges). Referrals to the service increased by 363 during 17/18 to 2652.

To help manage demand, 2 peripatetic workers work across the service to manage peaks of referral in any specific areas across the County. Joint case-working and assessments are undertaken with specialist CAMHS, who also provide clinical supervision to YES workers so there is seamless and integrated support. On average only 2% of service users referred to YES go on to be referred to CAMHS.

New specialist Health and Justice Workers are now allied to the YES service model. These workers are embedded within the partnership for high risk adolescent workstream and provide targeted support and work intensively with young people who are stepping back into the community from either secure or inpatient accommodation.

The YES project is a finalist in the Children and Young People Now awards 2018, in the mental health and wellbeing award section.

“YES has changed the way I think and feel about things and helped me”

17 year old male

4.4 Counselling

The blended counselling offer (face to face and online) has remained a core part of the early intervention and prevention offer. In 2017-18, the average number of face-face referrals per quarter was 284. On-line unique logins per quarter averaged 936. Overall there were 19,151 logins in 2017-18. The number of young people accessing information and supported with counselling services in 2017-18 was 4,880.

The current contract is coming to an end, the service specification has been reviewed and we are currently in the process of procuring a new service.

“Kooth has really helped me, it’s given me relief when I’ve had nobody else to turn to”

4.5 Bereavement Support

A specialist bereavement counselling service has been commissioned from the charity Winston’s Wish. This provides support to children from approximately 120 families with a tailored programme addressing individual and family needs. The key elements include active outreach to parents/carers, networking and liaison with other professionals, initial assessment

meetings with parents and children, family and/or individual work with children and short regular group meetings.

4.6 *Schools and Colleges*

The Government's 2017 Green Paper on transforming mental health provision for CYP, and the 2018 Government response to the consultations on the green paper, both highlight the vital role that schools and colleges can, and do, play in identifying mental health needs at an early stage. Through referring young people to specialist support and working jointly with others to support young people experiencing problems.

Through close interface and partnership working with the West Sussex Schools and Colleges networks, such as the Secondary School Wellbeing Leads and Four Area Secondary Providers Senior Leadership Forums, we have been able to understand the services that the Education Providers have commissioned, and compliment this within our schools and colleges offer. Through the Anna Freud Schools Link Programme workshops we were able to extend our knowledge of school based commissioning to that procured by Primary Schools in West Sussex. We will continue to link with School and College networks including the School Locality meetings.

Over the last year skills development training has been delivered to education practitioners. This has included the following;

Academic Resilience Approach

Last year, 27 schools participated in the Academic Resilience Approach programme, commissioned to support a whole-school approach to emotional resilience. It is running again in 2018/19 for those remaining schools that did not participate and has also been offered to Colleges.

Emotionally Based School Avoidance (EBSA)

The Educational Psychology Service are providing training for school staff on supporting learners who experience Emotionally Based School Avoidance (EBSA), and for those pertinent family support workers in our 'Integrated Prevention and Earliest Help' service. Our aim for this year is to extend the support for those involved with learners who experience EBSA by further building skills and capacity of the workforce.

Emotional Literacy Support Assistants (ELSA)

The Educational Psychology Service are delivering an 'Emotional Literacy Support Assistant' (ELSA) training programme to existing members of support staff in 30 of our West Sussex Primary Schools. We aim to extend this offer to a further 30 Schools this year.

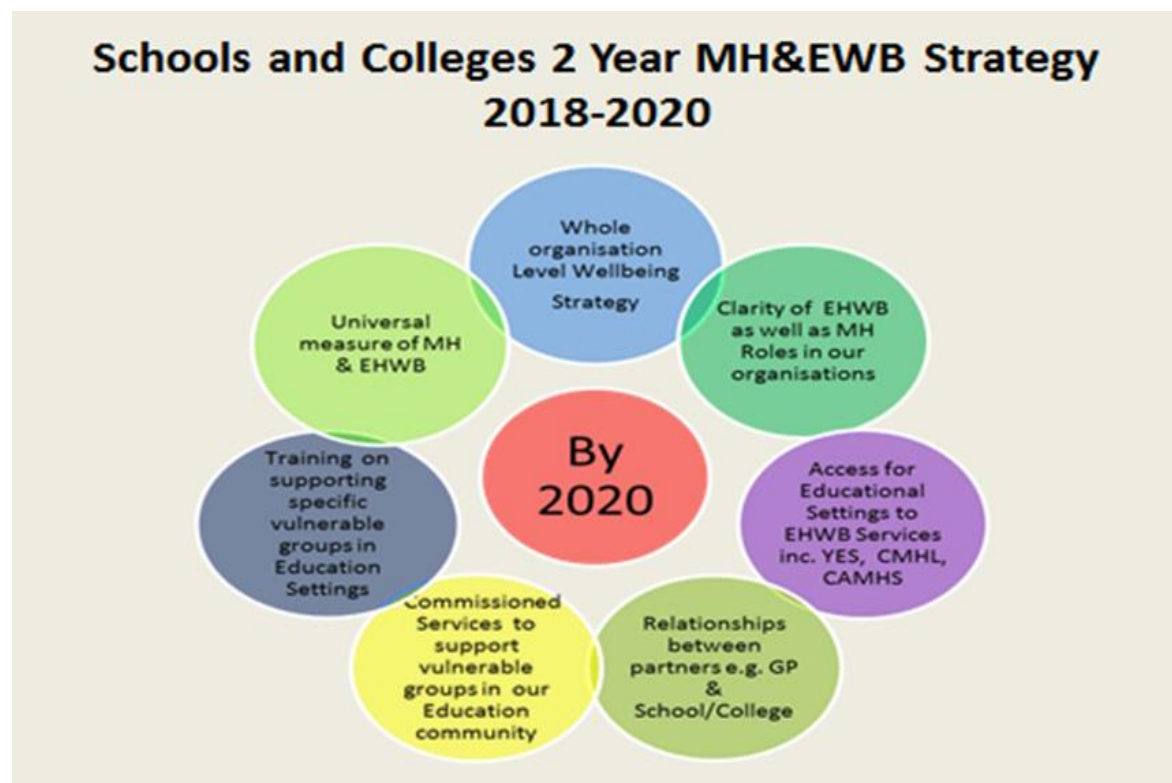
Schools Link Programme

We have worked with the Anna Freud Centre as part of the Schools Link Programme to deliver workshops in the north and south of the county for over 100 professionals including schools, colleges, GPs, Local authority, CAMHS and Parents forum. The aim of these events was to deliver system wide transformation by sharing expertise and developing a joint vision. The following themes were agreed:



This has formed the start of a co-produced refresh of our local Schools and Colleges Emotional Wellbeing Strategy which is highlighted in figure 10 below:

Figure 10: Schools and Colleges Mental Health and Emotional Wellbeing Strategy



4.7 A&E Psychiatric Liaison Service

Since August 2015, there has been a dedicated CAMHS A&E Liaison Team, provided by SPFT, working in Western Sussex Hospitals Foundation Trust's A&E departments in Chichester and Worthing. Currently the service runs Monday to Friday 10 am – 6 pm. However data now suggests the highest number of attendances is between Sunday and Thursday, 12pm–12 am with a peak occurring between 8 pm and midnight. To maximise access to this service there are plans to pilot an extension to the hours of availability to include weekends, bank holidays and later evenings. There are also plans to roll out this service to include the A&E at Redhill Hospital to ensure equitable access for all the County's children.

“Reduced workload.....better relationships between departments and CAMHS. Young people seen quicker and often not needing admission. Young people signposted quicker and into appropriate services”
Feedback from A&E Staff

4.8 Support for the most vulnerable CYP

There is a suite of services offered to those children and young people who have characteristics that identify them as vulnerable. This includes provision of emotional health and wellbeing services to asylum seeking young people, children in contract with the Youth Offending Service, looked after children, children with significant learning disabilities and young people who are identified as having sexually harmful behaviour. These services are highly integrated with provider services, mainly through childrens social care.

These services are low volume but high risk. The service provision model also includes extensive consultation to the network around young people who are children in need. This support enables those professionals working with the child or young person to hold and manage risk at a lower level.

A service called Mind the Gap has been trialled working with a supported housing provider, looking at emotional support in that setting. This was developed in response to a number of suicide and attempted suicides in the community, which identified these young people as especially isolated and vulnerable. Mind the Gap has accepted 38 referrals (5 of whom are care leavers) and undertaken a total of 189 interventions with those young people, the majority of these 1:1 interventions. Since the projects inception there has been a significant reduction in reported self harm and suicidal ideation from young people living in the accommodation.

The project has undergone evaluation and the forward strategy for this is being developed in line with a new proposed youth access pathway.

4.9 Services for 16 – 25 year olds

We are currently piloting a service which offers one to one intervention, group and social support for young adults who experience mental health problems. It supports young adults between the ages of 16 and 25, who are making the transition from CYP mental health services and have complex and enduring mental health needs but don't meet the criteria for NHS adult mental health services or are waiting for adult services to respond. We will evaluate the pilots and have started discussions about developing a model for future service provision for 16-25 year olds in collaboration with adult mental health commissioners and alongside existing services.

"The young people's service is supportive and helpful. They are always there for you even if you have to leave a message, someone will call you back. Even when I'm having a 'bad' day, I always feel welcome and listened to. The building is a good space with lots of useful information." Lily (18)

4.10 Training the children and young person's workforce

Building skills, knowledge and confidence across the whole workforce, in order to help identify issues earlier and provide prompt and appropriate support, has been a key achievement to date. Since May 2016, nearly 1700 professionals and volunteers working with CYP, including GP's, social workers, teachers and police officers, have received training to increase their skills and confidence to identify and support CYP experiencing mental health and emotional wellbeing issues.

This training is led by Coastal West Sussex Mind, in partnership with subject matter experts. Over 130 open and in-house courses have already been run. The wide ranges of topics covered have continually evolved to respond to the interests and needs of attendees. Among the most attended during 17/18 have been bereavement and loss, school refusal and supporting LGBTU young people. This year also included in-house courses specifically for schools, with eight courses delivered so far covering topics including anxiety and low mood, attachment and trauma, and emotional resilience.

The programme will continue to be offered during 18/19. New courses include personality disorder, gaming and coping with exam stress for families. The coming year will also see a county-wide programmes for parents and carers which aims to help them understand what is going on for their child and better engage with the professionals with whom they are working, strengthening family resilience and the team approach.

Quotes from attendees:

Exploring ADHD "Charlie's film was really helpful to get that different perspective, I will use this to show the parents I work with how to help the children."

SafeTALK "It gave us some structure to something I had no real knowledge of"

4.11 Children and Young People's Improving Access to Psychological Therapies (CYPIAPT)

The Delivering with, Delivering well (DWDW) programme (Appendix 2) is closely aligned to the national CYPIAPT initiative. It is a whole system approach to improving access and care by upskilling staff that adopt and embed the key CYPIAPT principles of participation, evidence-based practice, accessibility, accountability and awareness in every day practice. These core values have been adopted within DWDW as part of its service transformation, as follows:

- Value and facilitate authentic participation of young people, parents, carers and communities at all levels of the service;
- Provide evidence-based practice and be flexible and adaptive to changes in evidence.
- Be committed to raising awareness of mental health issues in children and young people and active in decreasing stigma around mental ill-health;
- Demonstrate that we are accountable by adopting the rigorous monitoring of the clinical outcomes of the service, and;
- Actively work to improve access and engagement with services.

Commissioners across Sussex, together with SPFT and a number of key stakeholders, are committed to DWDW. Over the past year, we have established 'community of practice' workshops to bring together health and social care professionals to share, learn and enhance their knowledge and expertise, seeking better ways of delivering services, improving access and raising awareness. Topics have included specialist training and evidence based self-help; workforce development; mental health in schools and colleges; and participation of CYP and parents in service development and delivery.

Through the DWDW programme, four staff from SPfT CAMHS and YMCA have attended CYP IAPT training delivered through Kings College London and the Anna Freud Centre. Topics have included interpersonal psychotherapy, CBT and clinical leadership. As part of our workforce development plans, we will also be seeking training providers to deliver CYP IAPT course locally in Sussex.

4.12 Eating Disorders

The Sussex CYP and Families' Eating Disorder Service was collaboratively commissioned across all Sussex CCGs and was launched in October 2016. This service is aligned to the national guidance for access and waiting times for urgent and routine referrals which ensures that there is early identification and assessment through a multi-disciplinary team. The service is for CYP with mild to severe eating disorders and supports their needs using a systemic family approach adhering to national guidance and achieving access and waiting times. See section 8 for performance data.

The service is made up of a multi-disciplinary team (including Family Systemic Therapists, Psychologists, Psychiatrists, Paediatrician(s) and Dietician(s)) and treatment/support is delivered within the community and families' home.

"Great that FEDS came into our home, were at the end of the phone, could respond to my texts, sometimes just sending the message helped" Parent

The service is a member of the Quality Network for Community CAMHS and in June 2017. Commissioners are currently working with the service on a Service Development Improvement Plan to achieve the access and waiting time targets by 2019/20.

In response to consultation with parents, Sussex CCGs have also commissioned a national eating disorder charity (BEAT) to work in partnership with the service and provide a helpline, peer support, collaborative care workshops and facilitate the development of parent ambassadors between September 2017 and March 2019. They are also providing awareness training for the CYP workforce across Sussex BEAT are delivering this in partnership with the Sussex Service.

4.13 Workforce Transformation

We are working in partnership across Kent, Surrey and Sussex with Commissioners, local providers, HEE, NHS England, STP Local Workforce Action Board, SE Clinical Network, London and South East Collaborative and the National Collaborating Centre for Young People. The workforce development programme is underway (Appendix 9), and an outline Workforce Strategy for Sussex has been agreed (Appendix 10).

An audit tool has been developed (the CYP Matrix), and launched, which should enable us to have a much more detailed picture of the skills and competencies in place across the workforce, as well as the key issues and challenges being faced by them. We are working with providers to support them to use the audit tool and once we have the information we can make firm proposals for changes that we need to see in our workforce, in order to deliver our

vision for the children and young people of West Sussex. The current matrix does not include schools and colleges, however it has been designed to be able to adapt to their requirements in future phases so that their skills and workforce needs can be included in future strategic workforce planning.

4.14 Conclusions

As sections 3-4 have shown, progress has been made. However, we continue to recognise there are further gaps which require addressing including: 1) clarity of pathways and integration with local authority services; 2) communication between services and primary care and schools; 3) managing increases in demand for Eating Disorder services and redesigning the Neuro-Development pathway; 4) workforce planning and delivery; 5) further training and skills development for those professionals in primary care and other universal children's services; and 6) the transition for young people into adult services.

Section 5 outlines our plans further.

5 TRANSFORMATION FUTURE DELIVERY - PRIORITIES MOVING FORWARD

The original phase of the transformation programme addressed acknowledged gaps in services. This section highlights our plans to address our remaining priorities (and those issues highlighted in the policy framework in Section 2).

It is important to emphasise that, whilst this plan will be published for West Sussex, many elements will be considered Sussex wide and from STP perspective. For example, we intend to use the expertise available from HEE, local providers and Council to share good practice through the South East Clinical Network.

We will continue to focus on 9 key priorities:

1. Eating Disorders
2. Early intervention, prevention and targeted services and support
3. Crisis Care and Urgent Help
4. Health and Justice Pathway
5. CYPIAPT
6. Workforce Transformation
7. Most vulnerable children and young people
8. Redesigning the neurodevelopmental pathway
9. Transition - Services for 16-25 year olds

5.1 Eating Disorders

Following the launch of the Sussex CYP and Families Eating Disorders Service in October 2016, a whole system review is underway. This includes ensuring clinical outcome measures are identified and implemented as well as taking in to account the development of new care models. For example, future models of care are likely to involve greater use of community resources and more intensive home treatment.

The Service will also continue to work in partnership with BEAT which will provide peer support groups, collaborative care workshops and Parent Ambassadors until March 2019. For example, the Sussex CYP and Family Eating Disorder Service team have fully engaged in the national quality improvement training programme

5.2 Early intervention, prevention and targeted services

We are committed to increasing the number and variety of services by:

1. Continuing to invest in the **YES service**. Demand for the YES service continues to grow. A service dashboard has been developed and outcomes and effectiveness are under constant

review. As mentioned in section 4, the YES service has been shortlisted for a national award, reflecting its ground breaking approach to deliver emotional wellbeing support for young people.

2. Prioritising the **schools and colleges agenda**. Our ambition for the forthcoming year is to implement 'system-wide' redesign to further develop this strategy and move towards creating an emotional wellbeing schools and colleges integrated offer. We will continue to support the whole school and college approach by working in partnership with Public Health and education providers to promote a culture of whole organisation wellbeing.

In line with the government's plan to establish mental health support teams in schools, funding for 3 Children's Wellbeing Practitioners (CWP) in West Sussex has been secured, as a result of a successful bid to the London and South East CY-IAPT Learning Collaborative. They will offer brief, focused evidence-based interventions in the form of low intensity support and guided self-help to children and young people. The practitioners will work within the YES service.

Although we have not been selected as a wave one trailblazer for the Government's proposals in its 'Transforming Children and Young People's Mental Health Green Paper and Next Steps' document (July 2018), we are confident that, with our successful participation in the Schools Link Programme; upcoming Children's Wellbeing Practitioners initiative, we are well positioned to become a trailblazer in the next wave of government invitations.

We also plan to support training for the schools and colleges workforce to develop their skills in supporting children and young people who have had stressful and traumatic adverse childhood experiences (ACEs) that can have a significant impact on their mental health and wellbeing.

3. Continuing to enhance the **counselling** offer for CYP. Re procurement of the blended counselling service is now complete. This will ensure a comprehensive offer of face to face and online counselling is available. We will support additional bereavement counselling by Winston's Wish for CYP who have lost a close family member and aim to also prioritise CYP who have lost a significant adult in their life through traumatic events (e.g. murder, suicide and military action).

5.3 Crisis care

A local review of crisis care services has recently been completed, identifying the scope of services currently available to CYP, and to ascertain priority areas to be improved and expanded. We engaged with service providers, staff, parents and carers, and undertook an

engagement exercise with CYP who had received assistance during times of crisis, in order to understand their concerns more fully.

Our ambition is to commission a 24/7 service that is responsive to the needs of CYP in crisis; timeliness of access (in particular to ensure a response time to assessment within 4 hours from referral), clarity of offer, and availability across West Sussex. Whilst specialist CAMHS currently has a 24/7 response with on call Consultant Psychiatry, and the CCGs have invested in a CAMHS A&E Liaison Team, the face to face assessment of mental health risk when a CYP is in crisis does not operate after 8 pm on a week day and 6 pm at weekends and bank holidays.

To complement existing services (and in addition to investing £150,000 to roll out the CAMHS A&E Liaison Team model to Surrey & Sussex NHS Trust at Redhill Hospital during 2017/18) the commissioners and service provider are developing a pilot to expand the availability of the CAMHS A&E Liaison Team to 10 pm during the week, and over weekends/bank holidays. The implementation of this is planned for 2018/19 at a cost of approximately £140,000.

In addition to moving us towards ensuring a flexible response at the time of most need, the expansion pilot will create additional support for emergency staff with attendances and admissions associated with mental health issues. The CAMHS A&E Liaison Team is aligned with the Adult Liaison Team within Western Sussex Hospitals NHS Foundation Trust and will continue to align with any developments within the adult team.

We have continued to support the CAMHS A&E liaison team locally and initial activity and impact evaluation results have recently emerged. Currently, services at Chichester and Worthing have expanded and are 9-8pm Monday to Friday with further commitment to increase hours to cover 10-6 on weekends and bank holidays. In terms of East Surrey hospital we have a duty worker in Horsham who supports A&E liaison and have increased resources to increase coverage in 2018/19.

In terms of delivery, significant increases in service capacity have occurred since 2015, with a yearly average of 218 CYP being assessed in A&E hospitals and with just under half those service users supported with follow-up appointments. The average age of CYP was 15 and the majority of the sample were female (80%) with 15% of users being children who were looked after (CLA). The highest number of attendances at A&E occurred between Sunday and Thursday between 12pm and 12 am with a peak occurring between 8pm and midnight. Over half of the CYP (64%) were admitted to a paediatric ward at some point during their care, the remainder were discharged home with a safety plan without needing an admission onto the ward. In terms of outcomes, most service users that attended a follow-up appointment did not attend A&E again (82%) and most rated the service highly.

Although further data collection and analysis needs to be completed these findings have reinforced this as an area of priority for continued funding. It should also be noted that workforce recruitment remains a barrier to expanding the service with funding available but insufficient applicants for new roles and expanded hours.

With effect from October 2017, West Sussex is part of wave 2 CAMHS new models of care, across a partnership including Surrey & Borders Foundation Trust and SPFT. Working collaboratively with Sussex commissioning colleagues, we will support the pilot's focus on reducing admissions to inpatient beds and length of stay by strengthening local community services and investing to increase the number of CYP able to access effective interventions close to home.

5.4 Health and Justice Pathway

There are a small but significant number of highly challenging young people who are in either secure estate (or at risk of entering secure estate), or held on a mental health section in hospital accommodation. Some of these CYP experience multiple admissions, are at risk of absconding, being exploited or going missing when they are not in secure estate. Safeguarding these CYP as they step down from secure facilities (to enable them to develop resilience and make good life choices) is our priority.

Additional funding from NHSE has been secured to deliver an integrated therapeutic model for high risk vulnerable young people in detention, secure and in patient settings (Appendix 3). This is being delivered through *Sticky Support Health and Justice Workers* linked to the already established YES service, and delivered in partnership with West Sussex County Council Children's Services, Youth Offending Services and Sussex Police. The workers have small caseloads but stay with the young people as they move (often through multiple placements) to support them to develop their own ability to manage risks and develop their own resilience.

This model complements the pathways recently developed with stakeholders and CYP to develop emotional wellbeing and mental health support for those at risk of/and offending. This service will help CYP to better manage their own risks through a co-ordinated bespoke package of specialist services around them and to attain a more timely and successful return to the community. It will also minimise repeating behaviour and give the CYP the best opportunity to develop improved mental and physical health outcomes. This project is still very much in its infancy and evaluation will need to take place over time to establish the effectiveness of this approach.

5.5 CYP IAPT

There is now even greater ambition to work collaboratively and commissioners are working together on the Sussex-wide DWDW Programme that will promote and accelerate

implementation across multiple stakeholders over the next 3 years (with the aim of raising the profile of children's services, aligning partners and pathways, and delivering more effective and evidence based interventions).

A much wider group of providers across Sussex now has the opportunity to be part of the DWDW programme and to become members of the London & South East Children & Young People's IAPT Learning Collaborative. They will benefit from training, outreach support and consultation to facilitate implementation, sharing best practice and implementation lessons. Looking forward we will continue to build networks to encourage the take-up of courses and to help providers find solutions to workforce gaps and capabilities.

Through the DWDE Programme (which is aligned to the CYPIAPT Programme), we are targeting the following areas of work:-

1. Workforce development and training - to identify current skills/competencies and gaps with a view to commissioning appropriate CYP IAPT compliant training;
2. Contracting and commissioning - to ensure all newly commissioned and renewed contracts have CYP IAPT fully embedded within the commissioning and performance cycle (embedding quality and outcomes monitoring);
3. Participation and collaboration - to continue to work with all CYP MH partners locally to share best practice, realise economies of scale and consider together where the engagement and involvement of CYP can be most effectively incorporated within commissioning and provider services.

5.6 Workforce Transformation

Underpinning all the transformational change outlined within the LTP, is the development of the workforce needed to deliver the services. A sustainable supply of appropriately skilled workforce is essential to deliver system-wide transformation. West Sussex is presented with geographical challenges in recruiting and retaining skilled workforce particularly due to its proximity to London which offers enhanced pay opportunities.

The key deliverables of this phased programme are to:

1. To assist provider services to measure their workforce and bridge the gap between what they have and what they need to deliver quality mental health and wellbeing services to children and young people.
2. Conduct a workforce skills and competencies audit across the full range of CYP mental health and wellbeing services in a variety of settings (the current workforce profile). This is currently underway as described in section 4.
3. To analyse existing services against local population needs using the CYP mental health

modelling tool (the future workforce profile).

4. Analyse findings, undertake gap analysis, priority setting – to move from current to future state.
5. Develop a full workforce strategy with supporting workforce plan.

The deliverables are phased in line with the CYPIAPT Programme 2017 -2020. An initial high-level breakdown of EWB and CAMHS workforce (Appendix 4) has been developed and this will be built upon through the implementation of the workforce audit.

The workforce strategy will be developed in collaboration with Kent, Surrey and Sussex colleagues, HEE and the STP and will follow the 7 principles of CAMHS workforce planning which include:

1. Workforce design and planning
2. Recruitment and retention
3. New ways of working
4. New roles
5. Leadership
6. Education, training and other opportunities
7. Skill mix, capabilities and competencies

We will develop a robust workforce strategy that will include recommendations and actions to support our workforce to deliver the best mental health outcomes for our children and young people. This will identify gaps in workforce, skills and competencies including those not directly associated with mental health such as learning disability, neuro-developmental issues and other impairments.

All agencies and partners, including schools and colleges, will need to be involved in increasing capacity and capability across the system. We intend to work with our Local Workforce Action Board (LWAB) for Sussex for overarching governance to ensure a consistent approach across the region as well as expert support and potential additional fund to deliver the workforce plans.

We will also use the expertise available in Health Education England and also our Local Authority on workforce planning, and continue to share good practice through the Clinical Network forums.

Health Education England (HEE) is currently developing a long term workforce development plan for roles and training over the next 10 years that will align *with Future in Mind*, the *Five Year Forward View for Mental Health* and the new *10 Year NHS Plan*. There are current difficulties in recruiting and retaining substantive mental health professionals as well as a supply issue with regards training. Particular challenges for Sussex and East Surrey are the high

cost of living and the proximity to London - staff can receive higher a higher salary for the same role in London due to London weighting and particular challenges faced in recruiting to rural areas. Mitigating these challenges involves a willingness and preparedness in Sussex and East Surrey to invest in new roles for mental health services to mitigate workforce supply problems and improve quality. There are relatively well developed local University partnerships and training programmes to deliver these new roles.

A regional working group has been established to include HEE, providers and commissioners to work collaboratively on this important agenda.

5.7 Most Vulnerable CYP

Specific mental health responses are required for vulnerable and at risk CYP, in order to try to reduce the health inequalities experienced by this group. For example, CYP with complex disabilities, SEND, children looked after, those who have experienced trauma or abuse, care leavers, adopted children, those known to the Youth Offending Service, unaccompanied asylum seeking children or those affected by substance misuse and those at risk of sexual abuse and/or exploitation. We will continue to prioritise this cohort and ensure additional CAMHS and EWB services address the need of our most vulnerable children.

Working in partnership with West Sussex County Council, a new specification has been developed to bring together core services which are amalgamated with Childrens Social care (services for looked after children, children exhibiting harmful sexualised behaviour, and asylum seeking young people, along with a new enhance service to high risk adolescents). This will shortly be going out to tender as a new integrated child psychology service which will give greater flexibility between different elements of service and creating a more effective critical mass of staff. This will include an enhanced offer of support to the network of wider staff working with this group and training, including to foster carers and support workers.

Following the success of the pilot project, the new LGBTU service has been extended to include:

- Additional groups supported across the county, totally 12 groups per quarter (48 annually)
- Increased youth led opportunities (e.g. youth action group, Peer Roles models, Youth volunteers and peer-led workshops)
- Extended 1:1 support offer
- Plan is to be able to accommodate an increase of 100 young people who can be supported within the service offer.

We will also continue to invest resources to support the Transforming Care agenda and work closely with Local Authority teams to implement a robust Care, Education and Treatment

Reviews (CETRs) process, including developing a West Sussex protocol to provide guidance to all parties about roles, due process and standards.

5.8 Redesigning the Neuro-Developmental pathway

A detailed scoping exercise and consultation has been undertaken in order to understand the main challenges within the system and for families, resulting in five main areas for change:

1. The diagnosis pathway – families reported long waiting times and confusion about the roles of professionals on the pathway.
2. Support for families – families told us that they would like more training, information and individual support before, during and after a diagnosis.
3. Support in schools – families were not confident that school staff were able to understand and manage challenging behaviours and some of the problems that young people with autism or ADHD may face in school.
4. What if it's not autism/ADHD – families reported feeling excluded from support if their child was waiting for, or had not received a clear diagnosis.
5. Transition – Families wanted to feel confident in transition, whether transition meant school to college, primary to secondary or 'life' transitions such as adolescence, change in family circumstances – i.e. divorce, moving home.

Following the consultation exercise, we are focusing on the following areas of pathway re-design:

1. Information, training and support as soon as families are accepted onto the pathway.
2. An inclusive pathway that offers support, onward referral and signposting to families whose children are not diagnosed with autism or ADHD after going through the pathway.
3. A clinical pathway that adheres to NICE guidance.
4. Clear information about the length of the pathway, clinicians involved and likely outcomes.
5. A keyworker model in order to support families throughout the pathway.
6. A single service with a clear point of access and a co-ordinating clinician throughout the pathway.

A number of deliverables have been completed so far including using LTP monies to fund a support group for parents of children with ADHD, as it became clear early on in scoping that there was a significant gap for peer support for ADHD and fund Autism Sussex to work with a group of young people with complex needs and in danger of social isolation. The clinical reference group has developed a draft pathway and 3 pilots, with the aim of reducing waiting times, providing family training and creating a keyworker model to support families before during and after diagnosis, are being developed.

Building upon the changes (and review of services and pathways) in 2017/18 we have established a commissioner and provider working group of stakeholders and a programme structure to implement the new service model.

The group has distinguished between the clinical model (i.e. meeting patient needs and NICE requirements, the new redesigned clinical pathway and outline service specification, intended outcomes and the changes to clinical staffing, practice and coordination required) and the organisational delivery model (providers, management arrangements, budget and payment mechanisms, demand and capacity analysis, workforce arrangements, KPIs and data collection). All 3 providers (Western Sussex Hospitals NHS Foundation Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust) have agreed to work together in a joint partnership to improve services in line with the clinical model. In addition we continue to fund services to reduce times and improve the experience of CYP in 2018/19 while whole system change planned and project managed.

5.9 Transition - 16-25 Year Olds

In West Sussex we recognise the needs of young people approaching their 18th birthday are unique. In line with national planning requirements for April 2017- March 2019, the Transition Care for Quality and Innovation (CQUIN) was developed with SPFT to address long-standing concerns expressed by young people when they are aged 18 (and their families) about confusing or poor-quality transfers of care from Specialist CAMHS to adult (aged 18+) mental health services. The CQUIN is a national NHS scheme where NHS funded organisations can earn 2.5% extra income over and above the contracted amount as an incentive to improve the quality of care.

SPFT are required to provide a detailed progress report every 3 months, and show evidence that they have undertaken a baseline assessment of how care transitions take place at the beginning of the CQUIN period and how they intend to improve transfers of care with clear objectives and responsible leaders identified.

In July 2017, SPFT met the necessary initial milestone:

- A working group is in place
- A baseline assessment of 100 case example that indicated how well transitions of care take place was complete
- A 2 year engagement plan with young people, their families and non-NHS support services was complete
- A 2 year implementation plan that shows how quality of care is to be improved was complete

At the time of writing, SPFT have designed the *best practice* guidance for staff who support young people in transition from CAMHS to adult services and have also designed the survey method by which young people will be asked about their experience in service transition. Following the survey and analysis of the results October 2017 to March 2018 . The survey including baseline results and improvement trajectory will be published in an addendum in May 2018.

In addition, to the development of CQUINs, we are also reviewing our current pilots for the 16-25 age-group and will be developing a County-wide model for April 2018 onwards. As part of this work we will be developing new indicators for improved performance with Young People. In particular we are considering the use of experience based outcomes measures to understand transition better.

Work is currently being undertaken to develop a strategy and implementation plan for youth access pathways which will bring together services which impact on, building on the successes of this model, enabling targeted support which is easily accessible with simplified access. This project is in the early stages of design and the plan is to have one or two pilot sites developed later in the year.

5.10 Conclusions

This section has outlined the 9 workstreams that form our overall transformational programme. Underpinning this section is a more detailed description of individual projects, pilots, initiatives and contracts that constitute our detailed action planning. Our programme plan is currently being updated as a result of the mid-programme review and evaluation of services and projects. Further details are of course available on request.

6 FINANCIAL PLAN

This section outlines our financial plan for our priorities set out in Section 5 and describes the work-streams for programme and the context for local CCGs.

We start by recapping how we spend non-LTP funds and then how transformation investment has been spent to date.

Joint CYP commissioners are working with CCG Finance teams to clarify future funding for April 2019/20/21 and these will be finalised in conjunction with their overall financial position and statutory duties. This section represents our current plans for the LTP financial plan as of October 2018.

It is important to note that all partners in West Sussex have agreed to commission CYP emotional wellbeing and mental health services using a county-wide approach. Although specific CCG data is available, unless stated, all financial information is presented on a County-wide basis.

6.1 Current budget and spend

Table 10 below provides a breakdown of CAMHS and EWB services currently invested by the NHS and West Sussex County Council. It does not include LTP investment funds and provides a context for the additional investment outlined in later sections.

Table 3 – Current business as usual spend

	2016-17	2018-19
Community based CAMHS and EWB Services	1,136,322	1,162,610
CCG Redesign Fund	451,126	473,858
Specialist CAMHS services	4,996,217	5,111,800
<i>Sub-total</i>	<i>6,583,665</i>	<i>6,748,267</i>
Additional County Council	590,744	602,800
Total	7,174,409	7,351,067

Table 3 shows increase in funding for 16-17 compared to 18-19 (notwithstanding the additional investment of the LTP).

For example, prior to the development of the LTP, local CCGs allocated from 2015-16 onwards recurring funds (*CCG Redesign Fund*). This funding has been used to invest in early intervention and support pre-dated the LTP.

Please note additional County Council resources are currently also being reviewed.

Commissioners have ensured that redesign funds are coordinated with existing CAMHS and EWB budgets as well as the LPT.

6.2 Local Transformational Funding

Table 4 shows the total level of investment from 2015/16 to 2020/21.

As Table 4 shows, CCGs will continue to invest in CYP mental health and emotional well-being while also meeting their statutory financial duties and the DH (2017) Implementing The Five Year Forward View for Mental Health. For example, CCGs will allocate additional resources to maintain Eating Disorders services at their current levels as central funding is not ring-fenced.

Table 4 – LTP Investment

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
LTP	766,400	1,785,339	2,100,399	2,550,484	2,800,484	3,000,484
Eating Disorder	417,600	464,000	464,000	464,000	464,000	464,000
Sub-Total	1,184,000	2,249,339	2,564,399	3,014,484	3,264,484	3,464,484
Additional Investment Year on Year (CCG)			315,060	450,085	250,000	200,000
% Applied on LTP		18%	21%	12%		
Non-recurrent NHSE investment to improve Access		388,000	-			
Non-recurrent HEE investment			45,000			
NHSE Health and Justice Investment			160,000	105,000	105,000	105,000
Sub-Total	-	388,000	205,000	105,000	105,000	105,000
Total	1,184,000	2,637,339	2,769,399	3,119,484	3,369,484	3,569,484

From 2015/16 to 2020/21 funds are planned to increase by approximately £2.4m (based on the 2015/16 figure of £1.2m). Table 11 represents our preliminary plans for investment and will be subject to further discussion and will be finalised by March 2019.

Table 5 (overleaf) shows the indicative total investment outlined above broken down into the priority work-streams described in Section 5. This table (5) is a guide (and numbers rounded) and subject to clarification of the total LTP investment (Table 4). Although our overall LTP priorities will not alter, individual allocations to specific services areas are being reviewed.

Therefore Tables 4 and 5 may be amended to reflect changes in demand, performance and evaluation, as well as availability of funding.

Table 5 – Indicative spend by work-stream

	2019-20	2020-21
Eating Disorders	500,000	500,000
Early Intervention and Prevention and targeted	850,000	900,000
Crisis Care and Urgent Help	150,000	250,000
Health and Justice Pathway	100,000	100,000
CYPIAPT	250,000	250,000
Workforce Development	25,000	25,000
Most Vulnerable Children and Young People	400,000	450,000
Neurodevelopmental Pathway	750,000	800,000
Transition	140,000	140,000
Risk-share, Contracts, Evaluation, Comms & Program.Mgt	150,000	150,000
Total	3,400,000	3,600,000

6.3 Resource allocation between (and within) work-streams

The first LTP (produced during autumn 2015) was based on a robust local needs assessment and the extensive local involvement of CYP - as well as consultation with stakeholders.

Through a process of review and evaluation (starting in 2016/17) we have continually refreshed our LTP and our priorities have changed in the following ways; 1) evidence that existing spend has improved access to services and made a difference to the outcomes for CYP services; 2) redesign preparation work that has taken place in earlier years which can be implemented in 2018/19 and beyond; and 3) the financial position of the CCGs.

We acknowledge therefore that within each work-stream individual projects, contracts and initiatives do change over time to reflect our lessons learnt, a change in need and demand and the results from monitoring and evaluation.

The areas where resources have increased from the original LTP are: 1) early intervention; 2) crisis care; 3) CYP IAPT; and 4) the Neuro-Developmental pathway.

Commissioners are working to finalise implementation and therefore work-stream plans may vary between October 2018 and April 2019.

It is also important to note that further investment is dependent on the results of our mid-programme evaluation and performance information.

7 ENABLERS TO DELIVERY – ACHIEVEMENTS AND AMBITIONS

There are many enablers to the effective delivery of the LTP including:-

1. Engagement with CYP and their families
2. Communication
3. Collaborative Commissioning
4. The Outcomes Framework: setting out our vision and evaluation
5. National metrics

7.1 Engagement of Children, Young People and their Families

We believe one of our strengths is our commitment to engaging local CYP in both developing, reviewing services and planning for the future.

We genuinely put the voice of CYP, families and carers at the heart of all our commissioning. The input of CYP and their families is fundamental at every stage of the commissioning cycle, not just in designing but also in the procurement, evaluation and delivery of services. Over the past year, CYP and their families have been involved in many ways. For example:

- Over 50 children and young people have contributed to the scoping of the counselling service for sexual abuse through consultation and face to face feedback, explaining how difficult it can be to talk about their experiences and describing how, when and where they would want to receive support
- Free Your Mind, a group of 11-18 year olds, started as an action group to reduce the stigma around mental health which also provides a forum to influence policies and services in West Sussex. This group held an inaugural conference for over 50 children and young people, commissioning and service leads to identify how mental health services can be improved and planned and were supported to run a “Let’s Talk About It” campaign (www.youtube.com/watch?v=4MR1AeWgrBS) focussing on reducing stigma, which was cascaded to schools. They have also received training to enable them to play an active part in procurements processes and participated in those relating to the Community Mental Health Liaison Service and the Children and Young People’s Sexual Abuse Counselling Service.
- Families have been involved in the development of the Sussex children and young people and Families Eating Disorders Service through the development of parents groups and the production of resources (e.g. ‘journey of hope’ diaries and social media groups).
- Consultation with parents and carers has been a central part of the new neurodevelopmental pathway. This has included one-to-one meetings, consultation with peer support groups and including parents and carers as key members of the Steering Group. Workshops on all areas of the pathway redesign, including training and support needs of

parents and carer, has ensured that parents/carers have been consulted equitably alongside direct service providers.

- Funding has been allocated to facilitate the development of an ADHD parent/carers support group to ensure their voice could be heard during this across the County. In addition, organisations that represent and provide direct support to parents and carers such as Parent Carer Forum and Reaching Families have also been involved in the co-production.

The work we have been doing in the group has really started to improve services. We feel listened to and that our opinions are always heard"

Lily, 17 years old and member of Free Your Mind

"I was on the procurement panel and chaired one of the meetings. It was a great experience as I am keen ambassador for mental health campaigning. I got to ask relevant questions and respond to their answers appropriately. I felt really professional and thoroughly enjoyed the experience".

Chloe, member of Free Your Mind

Our ambition remains to ensure that engagement and co-creation with young people and their families is the cornerstone of all our plans. Participation is clearly defined as a key principle with the Sussex DWDW Programme and we continue to meet regularly with the Free Your Mind Group to discuss commissioning intentions and service development.

7.2 Communication

Communicating the LTP and the delivery of the plan to CYP, their families and key stakeholders is fundamental. In Spring 2016, a LTP communication plan was developed which included identifying key stakeholders. Newsletters are co-produced with providers of services and communication leads within CCGs and West Sussex County Council. In response from stakeholders, an annual report *Making Progress, Making a Difference* outlining progress to date was produced in 2017 and 2018 (copies are available on request).

This document will be published on the CCG websites and a user friendly version of this LTP refresh will be developed. Previous copies of the LTP have all been made available on CCG websites.

The Emotional Wellbeing and Mental Health Partnership Board is central to the communication network across a range of stakeholders, and enables sharing of innovation and good practice. Initiatives are shared with schools, primary care and CCGs through attendance at a range of forums. Elected members are also briefed and education sessions held with them regularly to ensure they are up to date with developments. Moreover, our Partnership Board charged commissioners to communicate local services more widely and effectively and in response, a list of services, outlining referral details was produced (Appendix 1).

For example, many of our services provide innovative digital offers.

- All services are linked to Your Space which provides online support, advice and information.
- In response to consultation with CYP, Kooth offer on-line an counselling service, messaging for support, moderated forums, and emotional wellbeing/mental health resources
- Dialogue YMCA Counselling service provide SMS text messaging to/from clients and parents/carers and use of email for receiving referrals.
- YES support clients outside appointments and those on a waiting list through the use of text. They also use a range of apps to support CYP to use independently and will be also using Whatsapp and Facebook messenger. A
- Coastal West Sussex Mind promote their training through twitter, facebook and their website. They are developing their e-training and webinars offer. Their Youth Mental Health Service is promoted through social media and suicide prevention apps are used with CYP. The Families In Mind Service offers an on-line CBT course “Enjoy Your Baby”.
- The Sussex Delivering With, Delivering Well You Tube Channel
(https://www.youtube.com/channel/UCz29ctjo_u5SI1Okk4gPZ_w/videos?view=0&sort=dd&shelf_id=0)

7.3 Sustainability and Transformation Partnership (STP) and Collaborative Commissioning

Reflecting the national context, mental health has been identified as a priority area to address within the Sustainability and Transformation Partnership (STP) for Sussex and East Surrey, based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG’s STP being developed across the South East, with our local ‘footprint’ covering the West Sussex CCGs, that ensures Place Based Commissioning. An STP working group has been established focusing on children’s mental health; made up of providers and commissioners.

The STP is initially focusing on the following children’s mental health areas:

- a) Continuing to achieve the CYP mental health access targets;
- b) Improving the urgent mental health response so that a business case is developed by end of 2018/19; and
- c) Developing our children’s mental health workforce through the implementation of a workforce matrix tool with a full workforce strategy and recommendations at the end of 2018/19.

We have built upon our strong track record of collaboratively commissioning across Sussex (for example, the development of the EIP service, the Sussex CYP’s specialist Eating Disorder service and a successful specialist perinatal mental health community development bid), and have continued and expand collaboration in the following areas: urgent/crisis services and CYPIAPT on a pan Sussex basis; workforce planning (across our Surrey, Sussex and Kent); benchmarking and

shared performance and outcome measurements; and finally transition pathways to adult services.

NHS England Specialised Commissioning is delivering a CAMHS implementation plan for the South East. During the next 12 months the following new provision will be commissioned:

- 11 CAMHS Psychiatric Intensive Care beds co-located at Ticehurst, Sussex;
- CAMHS Eating Disorder beds at Brighton and Hove; and
- 12 CAMHS LSU ED beds (ASD/EUPD with disordered eating) at Godden Green.

The current bed stock for the South East is as follows:

- Woodlands, Kent (South Maudsley in London) 12 CAMHS General beds;
- Cygnet Godden Green (Cygnet Group) 24 CAMHS General beds;
- Chalkhill, Sussex (Sussex Partnership Trust) 16 CAMHS General beds; and
- Ticehurst, Sussex (Priory group) 13 CAMHS High Dependency and 13 CAMHS General beds.

The next phase of the CAMHS implementation plan for Specialist Commissioning is to determine the South East final bed stock in terms of location and type of beds for the geographical area. Many of the young people who will be accommodated in the beds will have historically been admitted to units out of region and the exercise will establish that the beds that are commissioned are sufficient to meet demand. This is a complicated environment and will take some time to evaluate and NHS England will take in to account the impact of the South East CAMHS New Care Model.

NHS England is giving delegated responsibility of commissioning to providers through the New Models of Care programme. The CCGs are partners in the pilot programme across the STP and continues to work with NHS England as part of the Clinical Network work-stream on collaborative commissioning.

The CCGs are currently aiming to collaboratively commission with NHS England and Sussex CCGs with regards the urgent/ crisis response team across Sussex, known as The Urgent Help Service (UHS). All these organisations currently commission part of the crisis/ urgent response pathway and the CCG intends to explore how this can be improved, be more efficient and provide a clearer pathway for children and young people by working together as well as reduce the demand for inpatient care, with key partners. CCGs currently fund the UHS and assessments for inpatient care, and this funding would continue recurrently. There are further opportunities to develop an improved pathway with our Provider being part of the wave two of New Models of Care for CAMHS inpatient services; meaning that CCGs may also collaboratively commission with SPFT.

The other collaborative relationship that is developing is with NHS England Specialist Commissioners responsible for Forensic CAMHS. Following on from Future Mind and the Five Year Forward View, and to ensure this cohort of young people did not fall through gaps in the system a workstream was developed through Health and Justice and Specialised Commissioning

to jointly commission Specialist Child and Adolescent Mental Health services for high risk young people with complex needs, also known as Community Forensic CAMHS (FCAMHS). The provision of FCAMHS had been sporadic over the country for a while and equity across the country was needed so the national service specification was developed.

Community FCAMHS is a regional specialist service, delivered by SPfT, for young people with high risk behaviours who are:

- a) Under 18 years old at the time of referral (no lower age threshold);
- b) Presenting with severe disorders of conduct and emotion, neurodevelopmental or serious mental health problems or where there are legitimate concerns about the existence of such disorders;
- c) Usually involved in dangerous, high-risk behaviours towards others whether they are in contact with the youth justice system or not; and
- d) In exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies.

The children and young people have high rates of:

- a) Mental health and neurodevelopmental disorders;
- b) Co-morbidity (complex needs);
- c) Substance misuse;
- d) Special educational needs;
- e) Previous abuse;
- f) Risk to others;
- g) Self-harm; and
- h) Multiple agency involvement.

7.4 The Outcomes Framework: setting out our vision and evaluation

7.4.1 Our ambition for the whole system

The outcomes described in the Framework provide a description of what good looks like in terms of the whole system for emotional wellbeing and CAMHS. In this sense it represents our ambition for the CYP and local services.

If - by working in partnership with CYP and other stakeholders - we achieve the outcomes expressed in the Framework we will have successfully improved the whole system (and made a difference).

Furthermore, by evaluating during the programme (rather than the end) we also ensure that evaluation is not just an add on, a one off or something to be done at the end of the programme but a continuous process helping us inform our plans.

7.4.2 Monitoring and evaluation

We have placed a strong emphasis on the regular evaluation and monitoring of commissioned services which has involved CYP and the local workforce. As a result, a set of outcome measures was identified (Appendix 5). Clear Key Performance Indicators (KPI) have also been agreed with all commissioned services. They are clearly linked to the outcomes framework and are regularly monitored through contract monitoring meetings. Examples of KPIs include:

- Waiting time to assessment
- Waiting time to intervention
- Number of CYP supported
- Achievement of goal based outcomes

This outcomes framework provides for the measurement of short, medium and long term change and impact over time across a range of dimensions including quality and equity. To maximise existing databases, most information is being captured using existing sources. However, the West Sussex Public Health Research Unit has been commissioned to develop specific tools where there are gaps in the local and national evidence bases, including a biennial lifestyle survey of 10 year olds.

The outcomes framework has been embedded in all specifications, project proposals and monitoring mechanisms and through the Providers Forum, and providers are expected to focus on strong outcomes-driven approaches in their service delivery. We continue to work with all our providers to ensure monitoring and evaluation is central to planning and delivery of services. No matter how small or large a provider, we look for consistent evidence of impact, aligning both traditional and creative methods i.e. pictorial and video evidence as well as SDQ scores.

7.4.2 Measuring impact and designing services

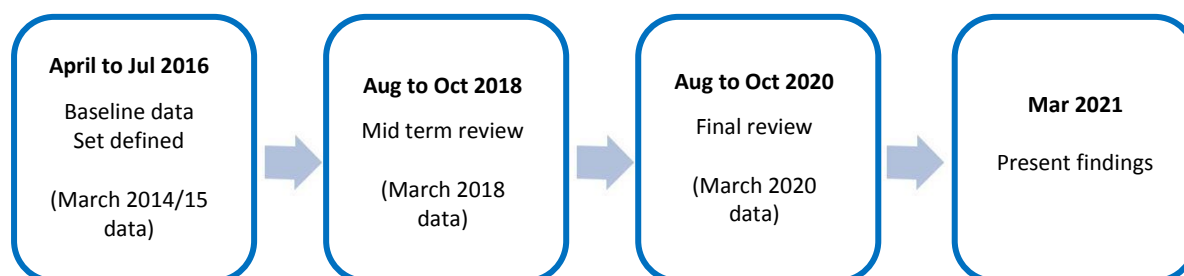
The monitoring and evaluation working group has created an interactive digital platform in draft form . See figure 11 overleaf.

Figure 11: West Sussex CYP Emotional Wellbeing and Mental Health Outcomes Dashboard



We have gathered baseline data for most of our services; analysis which informed the mid programme review (2018) and we intend to conduct an end of term review in 2020 (Figure 5)

Figure 12: - Timeline for Outcomes Framework impact review



In order to make comparisons, data will be presented alongside countywide (West Sussex), STP, regional (South East) and national (England) estimates. The availability of commissioner data from the revised national minimum dataset will contribute to the mid-term and end of term reviews, and to future needs assessments.

We are also working with two of our main providers to complete an economic impact assessment of the early interventions at Tier two. The results of the assessment will inform how we develop and commission services going forward.

We have been proactive in gathering both qualitative and quantitative data and this has included working with the providers to define which issues CYP are presenting with, and ensuring our workforce can feel confident in delivering interventions to support these.

7.4.3 Mid-Programme Review

The mid-programme review is currently being finalised. High level findings show:

- The range of services to support CYP emotional wellbeing and mental health has expanded.
- The majority of CYP emotional wellbeing and mental health services have seen an increase in referrals over time.
- We have significantly improved access to CYP MH services.
- Over the past year (2016/17), the rate of hospital admissions for self-harm among CYP has fallen in West Sussex.
- Our local survey of health and happiness suggests that most 10-11 year olds in the county are happy and satisfied with life.
- We have increased spend for CYP emotional wellbeing and mental health services with specific increased investment in early intervention services. We are currently evaluating the longitudinal costs and benefits as a result of this.

The review has also highlighted areas we need to know more about. For example, some outcomes are more difficult to define, and it takes time to identify or develop appropriate measures. In particular, we need to put greater focus on:

- Gathering data that better reflects CYP experiences of care, and in particular understanding CYP journeys through the system.
- Understanding CYP experiences of transition to adult services.
- Understanding the involvement of parents and carers in decision making processes about treatment and choice of services, to support them and their families.
- Understanding referral and access to services. In particular we will revisit the views of professionals referring into CYP emotional wellbeing and mental health services to see how things have changed over time.

Once the mid-term review is finalised, we will work with providers to determine SMART improved targets for the following outcomes:

1. Reduction of waiting times to assessment
2. Reduction of waiting times to interventions
3. Increase in positive outcomes for CYPs wellbeing
4. Increase in overall confidence and satisfaction in the services provided

7.5 National Metrics

7.5.1 Mental Health Services Dataset (MHSDS)

As part of the monitoring and evaluation process we have described above, we use the Mental Health Services Dataset (MHSDS). The MHSDS is collated and held by NHS Digital and is a patient level, outcomes based, secondary uses dataset. The MHSDS collates data from across the mental

health system, as well as services for people with learning disabilities and those accessing Autism services.

All providers funded either partially or fully by the NHS are mandated to flow data into the MHSDS. We have been working closely alongside our local providers, NHS Digital and NHS England over the past year to ensure that data from our providers can flow to the MHSDS and to ensure that it contributes towards the national access targets and the new indicator around outcomes.

Providers have faced many challenges with regards to collection and submission of data to the MHSDS. Challenges faced include infrastructure of databases and IT systems, the requirement to have a Health and Social Care Network (HSCN) connection, data collection and information governance. We have consistently highlight barriers relating to the HSCN connection faced by our non-NHS providers and continue to explore solutions to ensure data can be submitted. We continue to work with NHS England, NHS Improvement and the Clinical Network to address the issue. With the exception of our main NHS provider, SPfT, our other (non-NHS) providers have been unable to submit their data on a monthly basis due to reasons outlined above. Appendix 8 shows the current position of West Sussex providers with regard to flowing data into the MHSDS.

7.4.5 NHS England access target

NHS England currently measure the success of the Transformation of CYP MH services based on the increase in number of CYP able to access evidence-based services.

The national trajectory aims to provide 35% of CYP with a diagnosable mental health need with treatment by 2020/21, and there are incremental annual targets to meet:

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

The challenges to submitting data to the MHSDS, and ensuring data subsequently contributes to targets. This is resulting in an underreporting of activity against the access target. Consequently, NHS Digital conducted a one-off data collection during May and June 2018 to ascertain how many CYP had access evidence-based treatment in 2017/18. As a result of the one-off data collection West Sussex was able to demonstrate a significant increase in access and exceeded the target of 30%. We are continuing to work with our providers to ensure data quality, and support them to submit their access data so that we can ensure the 18/19 target of 32% is met.

7.4.6 NHS England Outcomes indicator

In 2018/19 NHS Digital are shadow running an indicator focussing on outcomes from CYP MH services. CCGs will be accountable against this measure from 2019/20. The indicator will be based on reliable change, which requires paired scores (measures recorded at time one and time two) for each individual. We will work alongside providers to ensure that outcomes data are recorded, flows and contributes to relevant performance indicators.

7.4.7 Access and waiting time standard for Eating Disorder Service

The national access and waiting times targets for specialist community eating disorders are:

1. For children deemed high risk (urgent) – they receive their face to face assessment within 24 hours and start treatment within 5 working days
2. For those children deemed less at risk – they receive their assessment within 5 days and start treatment within 4 weeks

The Sussex-wide Family Eating Disorder service aligns to the national guidance for access and waiting times for urgent and routine referrals. The service received 122 referrals across West Sussex in 2017/18. The service is experiencing some increased demand and is currently reviewing the service model to ensure it can achieve the access targets according to national guidance and deliver an evidence-based service with quality outcomes. The result of the review will be known by end October 2018 and the changes will be monitored via a Service Development Improvement Plan within the contract. Please see current performance against the targets in Table 6 below.

Table 6: Performance against eating disorder access and waiting time targets (shaded sections denote no urgent / routine referrals in that month)

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Urgent												
Coastal West Sussex	100%			100%				100%			100%	
Crawley												
Horsham & MidSussex		100%										
Routine												
Coastal West Sussex	100%	50%	50%	33%	80%	80%	50%	83%	33%	100%	100%	100%
Crawley	100%			100%				100%	100%	100%	100%	100%
Horsham & MidSussex	50%	100%				50%	100%	100%	75%	100%	100%	100%

8 MANAGING RISK

In this section we outline our assessment of risk and the key mitigation actions.

Although we are confident that our work-streams and high-level programme plan are deliverable, we also have to be realistic and consider the risks and how these could be mitigated. Table 7 below summaries our current understanding.

Table 7: High-level Assessment of Risk and Next steps

Risk		RAG	Mitigation
<i>Finance and Evaluation</i>	VFM and demonstrating outcomes for our investment may not be easy to demonstrate. Monies to be invested in mental health are not ring fenced.		A robust evaluation and governance structure in place to monitor investment of LTP funding and research outcomes in line with our Outcomes Framework (Appendix 5).
<i>Engagement</i>	Lack of engagement across the whole system including families, schools, education		A wide range of different approaches for engaging CYP e.g. surveys, face to face, groups, phone, video conferencing etc.
	Stakeholder disagreements/relationships cause delay.		Extensive stakeholder engagement already undertaken and continues. Closer working with SPFT, other providers and commissioners at STP level will help bring parties together.
<i>Workforce</i>	Delay in recruitment to key posts and ongoing recruitment and retention challenges reflective of national shortages particularly in some key staff Groups.		Collaborative workforce development programme underway as highlighted in section 5.

Risk		RAG	Mitigation
	Lack of clarity around future of commissioning due to NHS/Local Authority organisational change and imminent expiry of current Section 75 agreement.		Senior manager to engage with organisational change processes to ensure continuity of staffing and delivery of work plan.
<i>Strategy</i>	Awaiting national direction regarding post 2021 arrangements which may impact of sustainability Planning.		Continued engagement with NHSE to understand direction of travel and NHS 10 year plan.
<i>Data</i>	National barriers to uploading to the MHSDS.		Continue to work with providers and NHSE to overcome the challenges.
	Ability to monitor delivery and evaluate outcomes across the whole system.		Contract Manager and Programme Manager now in post with responsibility for developing KPIs and updating our outcomes framework with collated data.

The development of the LTP has involved the whole system and has a clear governance structure in place (Appendix 6). In West Sussex Commissioners work on behalf of 3 Clinical Commissioning Groups¹² and the Council and the commissioning team are responsible for the delivery and implementation. Progress on delivery is reported and monitored at a strategic level through the Health and Wellbeing Board and the West Sussex Joint Children and Maternity Board.

In addition, the Emotional Wellbeing and Mental Health Partnership Board is a multi-agency group (Appendix 7) that supports oversees the implementation of the LTP. This Board has been in place since September 2015 and it monitors progress against delivery plans and outcomes and it also oversees the risk management and enables effective stakeholder networking and formal and informal collaboration.

Other key relationships in our governance arrangements include

- The Local Safeguarding Children's Board (WSLSCB) which has identified 3 priorities for review from 2017-19 which focussing on neglect, emotional wellbeing and mental health, and child sexual abuse.
- The Early Integrated and Targeted Services Forum has been created as a community of practice for all commissioned providers to network, deliver workshops on performance monitoring, data capturing and developing a Common Minimum Dataset.
- Children and young people who provide oversight and quality assurance through the Free Your Mind Group; a group run by and for young people with the aim of reducing the stigma of mental ill health and improve access and quality of services.

Appendix 1 - Commissioned CYP Mental Health and Emotional Wellbeing Services

A&E Liaison Service in Chichester and Worthing Hospitals Specialist support and assessment for CYP at high risk and requiring immediate attention. Mon-Fri 9am-8pm	CYP in A&E or inpatients	Referrals directly from A&E or paediatric wards
Advocacy (Brighton and Hove MIND) Professional, independent advocacy for CYP experiencing issues which affect their mental health.	Ages 11-18 01273 666950, info@mindcharity.co.uk	Open to all agencies and self-referral
ATS (Assessment and Treatment Services) Work with CYP who display sexually harmful behaviour and provide advice to wider professional network. Mon-Fri, 9am-5pm	For CYP open to social care 01403 223200	Referral via consultation with ATS team
Bereavement support for families (Winston's Wish) Counselling for CYP who have experienced a bereavement in their direct family. Mon-Fri, 9am-5pm	Ages 5-18 plus families 08088 020 021, www.winstonswish.org.uk	Open to all agencies and self-referral
CAMHS (Sussex Partnership NHSFT) Tier 3 multi-disciplinary teams offering therapeutic interventions, care co-ordination and medication.	Under 18s Professional consultation line (Mon-Fri, 12.30-14.00)	GP, school nurses, SENCOs, school counsellors
Community Mental Health Liaison Service (Sussex Partnership NHSFT) Support for professionals with CYP with mild to moderate mental health concerns. www.sussexpartnership.nhs.uk/west-sussex-cmhl-service	0300 304 0304, spnt.cmhlservice accesspoint@nhs.net	Referral through consultation line or local Community Mental Health Lead Practitioner
CYP Emotional Wellbeing and Mental Health Training Programme (Coastal West Sussex MIND) Training for CYP workforce on all areas of mental health and emotional wellbeing.	www.eventbrite.co.uk/o/coastal-west-sussex-mind-8288439768	Training for CYP workforce
Canine Assisted Therapy (YMCA Dialogue) Face to face counselling with an experienced counsellor and his/her dog. Mon-Fri, 12.30-17.30	Ages 11-18 Contact - 07739 893707 or community.counselling@ymcadlg.org	
Domestic Abuse Recovery Together (My Sister's House) Group interventions with families who have experienced historical domestic abuse and in recovery.	Ages 7-14 Referral via C&F centres and schools 01243 697800, office@mysistershouse.info www.mysistershouse.info	
Early Intervention Psychosis Service (Sussex Partnership NHSFT) Support for CYP experiencing psychosis for the first time. Mon-Fri, 9am-5pm www.sussexpartnership.nhs.uk/services/earlyinterventionpsychosis	13-65 Bognor Regis 01243 841041, Horsham 01403 223200, Worthing 0300 304 0667, Out of Hours 0300 5000101	
Eating Disorders Support for Parents (BEAT) Training on eating disorders, collaborative care workshops for parents, helpline and peer support groups.	Parents/families Self referral Contracts@b-eat.co.uk	

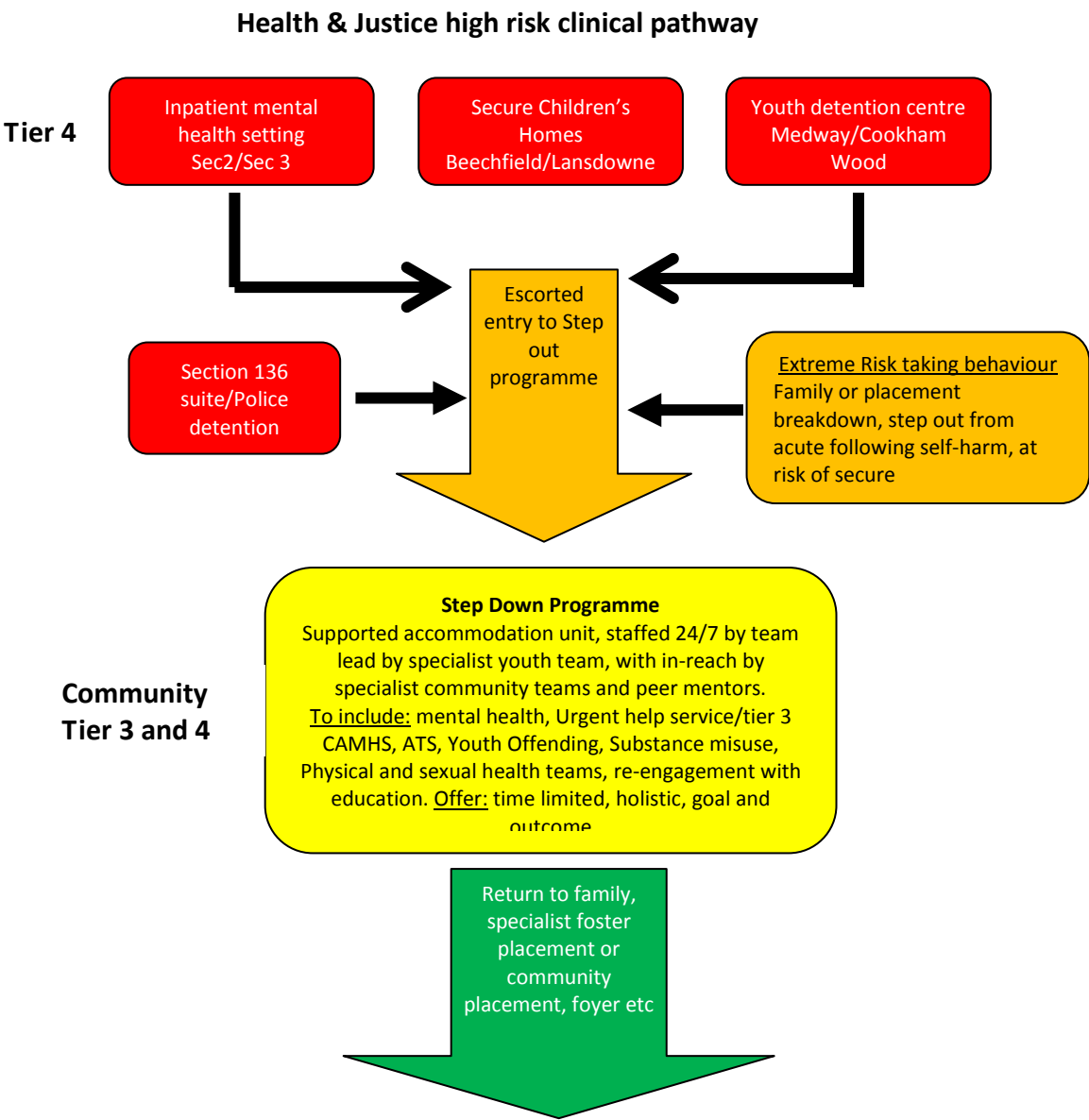
Face to Face Counselling (YMCA Dialogue) Mon-Fri, 9am-5pm	For CYP open to social care 01403 223200 Referral via consultation with ATS team
Free Your Mind Collaborative group of young people who work to reduce stigma in mental health and wellbeing for CYP.	Ages 0 -25 Membership overseen by IPEH pandora.ellis@westsussex.gov.uk
LAAC CAMHS Service (Sussex Partnership NHSFT) Therapeutic services for children in foster care, adopted or subject to a special guardianship; training for foster carers; access to other therapeutic services through adoption support grant. Mon-Fri, 9am-5pm	Referral through child's social worker 01273 446795
LGBT support (Allsorts West Sussex) Support workers providing group and 1-1 support for lesbian, gay, bisexual or transgender CYP. Weekdays including twilight times, www.allsortsyouth.org.uk/westsussex	Ages 11-19 Open to all agencies and self referral 01273 721211, 07771 895343, youth@allsortswest.org.uk
Online counselling (Kooth) Online counselling, 24 hour messaging, blogs, magazine and message board forums. Mon-Fri 12pm-10pm, Sat-Sun 6pm-10pm, 365 days per year	Ages 11-18 Self referral www.kooth.com
Sexual Abuse Counselling (Lifecentre) Counselling, play and pre-trial therapy for CYP (and supporters) who have experienced sexual abuse. Mon-Sat, www.lifecentre.uk.com	Ages 3-18 Open to all agencies and self referral Referrals 01243 786349, info@lifecentre.uk.com Helpline 0808 8020808, Text helpline 07717 989 022
Sussex CYP and Families Eating Disorders Service	Ages 10-19 Open to all referrals
(Sussex Partnership NHSFT) Pan Sussex eating disorder service. Weekdays 8am-8pm, weekends and BH on-call service 10am-6pm	spnt.feds@nhs.net, www.sussexpartnership.nhs.uk/eatingdisorder
Time to Change West Sussex Campaign to change attitudes and behaviour to mental health and challenge stigma.	ttcwestsussex@coastalwest sussexmind.org Ages 11-18
YES 1-1 and group intervention. Weekdays – 9am-5pm	Ages 11-18 GPs, school nurses, CAMHS and self referral emotionalwellbeing.yps@westsussex.gov.uk
Your Space West Sussex site offering information, resources and access to services.	www.westsussex.gov.uk/education-children-and-families/your-space/
Youth Mental Health Service (Coastal West Sussex MIND) 1-2 and group and social support for young people experiencing mental health problems.	Ages 16 – 25 Open to all agencies and self-referral www.coastalwestsussexmind.org/mental-health-support/support-for-younger-people
IF YOU HAVE A SAFEGUARDING CONCERN Call the Multi-Agency Safeguarding Hub (MASH) on 01403 229900 or out of hours on 0330 222 6664	West Sussex Local Offer Directory: www.westsussex.local-offer.org Leaflets for parents and young people: publications@westsussex.gov.uk

Appendix 2 - Delivering With, Delivering Well Programme of Work

Sussex Delivering With, Delivering Well Programme Board

<p>1. Overall Purpose</p>	<p>To provide leadership and commitment to implement and deliver a vibrant, accelerated and sustainable DWDW transformation programme of work across all mental health promoting services for children and young people in Sussex in line with expectations outlined in Future in Mind, Local Transformation Plans and the wider footprint of Sustainable Transformation Plans.</p> <p>2. Within our programme of work, to embody the principles of CYP IAPT in all our undertakings.</p> <p>3. To oversee and approve resources, budgets and timescales for delivery and to monitor progress against key deliverables and milestones.</p>
<p>2. Programme of Work</p>	<p>The Programme Board will oversee delivery of the Sussex-wide programme of work - the key objectives will be:</p> <ol style="list-style-type: none"> 1. To widen participation in the DWDW programme by engaging with multiple stakeholders, clinicians and managers working to deliver improved CYP mental health promoting services in all settings and across all health, social care and educational sectors; 2. To maximise training and development (and funding) opportunities offered by the LDNSE Learning Collaborative and other local training providers to support service transformation; 3. To establish a wide multi-agency Community of Practice to embed core elements of the programme and extend support and training beyond CAMHS to the wider health, local authority and voluntary sector partners; 4. To ensure there is effective and enhanced communication and information sharing with children, young people and carers to inform future commissioning and provision of services; 5. To identify any learning or recommendations for improvement are shared across all providers of CYP mental health promoting services across Sussex; 6. To review risk and issue logs, agree mitigation plans and provide guidance and escalation where appropriate; 7. To provide challenge and approve changes to the programme in line with changes to national policy, evidence based practice or local circumstances. <p>The Community of Practice will bring all key stakeholders together to:-</p> <ul style="list-style-type: none"> • to meet and network with clinicians and managers across all sectors delivering CYP mental health services locally; • to take advantage of the training and outreach programmes offered by the LDNSE Learning Collaborative and other local training providers; • be the first to learn about new models of care (eg digital technologies, national initiatives and new funding opportunities); • to share skills, knowledge and good practice; • to discuss ways of improving care pathways between services; • to find common solutions to deliver more effective services locally; • to realise economies of scale where it's appropriate to do so eg doing things collectively to minimise costs/overheads; • to identify the key barriers and challenges you may face (eg within schools, primary care, NHS and non-NHS services)

Appendix 3 – West Sussex Health and Justice Pathway



Appendix 4 - Commissioned Service Initial Workforce Breakdown

Service	Provider	Workforce WTE
Advocacy	Brighton and Hove MIND	2 x (0.5) advocacy workers
Bereavement Support	Winston's Wish	1 counsellor 0.2 supervisor 0.2 admin support
CAMHS	<i>Sussex Partnership NHS Trust</i>	
	<i>CAMHS Tier 3</i>	<i>Awaiting confirmation of workforce data</i>
	Risk Assessment Team	1.6 wte
	CAMHS LAAC (seconded into WSCC)	1 Mental Health Nurse Practitioner 0.8 Psychologist Lead Clinician 1 Family Therapist 0.4 Art therapist 0.5 Psychologist 0.71 Occupational Therapist 1.8 Psychologist
	A & E Liaison	1 Administration 0.2 Manager 0.4 Admin 0.4 Assistant psychologist 2 x WTE band 6 nurse 1 x WTE nurse
	Community Mental Health Liaison Service	4 Mental Health Practitioners 1 admin support 1 manager 1 psychologist
	ATS (seconded into WSCC)	1.6 wte
	UASC Mental Health	1 community mental health practitioner 0.6 administration
	Sussex Eating Disorders Service (Sussex-wide service)	Team leader Paediatrician Psychologist Psychiatrist Family Systemic Therapist Administration Dietician (Sussex-wide workforce breakdown)
	Youth Offending Emotional Wellbeing	0.6 psychologist 2 x 0.5 community mental health liaison practitioners

Domestic Abuse Recovery	My Sister's House	Trained 2 staff to deliver DART 0.5 Senior Practitioner
Face to Face Counselling and activity based therapy	YMCA Downslink	1 Manager 1 Administration 1.25 Lead Community Counsellor 3.49 Community Counsellor 0.37 Telephone Counsellor 0.59 Canine-assisted Counsellor 1.07 Honorary Counsellor (voluntary) 0.12 Clinical Supervisor
Online Counselling	Kooth	290 hours per month
Families in Mind	Coastal West Sussex	0.8 Project Manager 0.2 wte peer support workers
LGBT Support	Allsorts	1 x youth worker at 35 hours a week. 2x 0.5 support youth workers. 0.2 admin
Sexual Abuse Therapy	Lifecentre	2 x 0.28 Client Support 1 Manager 13 x 0.26 Counsellors
Supported Housing Service (Mind the Gap)	YMCA Downslink	0.3 Supervisor 2 x 0.8 Caseworkers
Workforce Emotional Wellbeing and Mental Health Training	Coastal West Sussex MIND	0.1 Training Manager 0.5 Training Co-ordinator 0.2 Administration
YES	IPEH, West Sussex County Council	0.5 Senior Practitioner 8 YES Caseworkers 2 Health and Justice YES Caseworkers 7 Support workers
Youth Mental Health Service	Coastal West Sussex Mind	0.5 service manager 3 youth workers

Appendix 5 – West Sussex Outcomes Framework

	Programme impact				Service impact				Impact on CYP			
Outcomes	More CYP have good mental health CYP are protected from significant harm More CYP recover and meet their potential and achieve their aspirations				Integrated, aligned and co-ordinated service delivery is in place CYP, their parents and carers are instrumental in deciding which services they will use, where and when Funds are invested to achieve better outcomes Early intervention is in place to support CYP at the point of need				Time taken to receive a diagnosis and treatment is reduced CYP experience a seamless transition to adult services or other support services More CYP have positive experiences of care and support CYP will develop their resilience capability and know how to put this into practice			
	Levels of bullying, depression, stress and loneliness	No. seen by A&E Liaison; No. representing at A&E; No. of emergency admissions to hospitals for MH reason	Suicide rate; levels of self-harm	School/college attendance and attainment; Levels of EBSA	Levels of confidence in system by professionals, CYP and parents	Levels of satisfaction by CYP	No. of successful referrals and signposted referrals	Waiting times for assessment and intervention	Levels of satisfaction by CYP	% Re-referrals; % CYP Goals met	Waiting times for assessment and diagnosis	No. of transitions to adults; % of transition care plans; % care plan meetings
Indicators	What about Youth Survey 15 yr olds; PH Lifestyle Survey of 10yr olds; Schools' wellbeing scales;	A&E Liaison Service Performance reports;	ONS; WSCC suicide audit; Mortality data and hospital admissions data; A&E Liaison Service reports	DfEs, WSCC Education Information Service (for CLA), Schools	Professionals' Referrers Survey; Friends and Family Test;	Providers' satisfaction questionnaires	Service Performance reports	Service Performance reports	Providers' satisfaction questionnaires	Service Performance reports	Service Performance reports	Service Performance reports; SPFT adults' and children's services audit of transition
	Service performance reports for presentation reasons	Hospital Episodes Statistics			Providers Satisfaction Questionnaire							
Economic Evaluation												
Criteria	Equity, effectiveness, quantity				Quality, efficiency				Quality, efficiency, effectiveness			

Appendix 6 - LTP Governance and Reporting Structure



Appendix 7- Governance Membership

Health and Wellbeing Board
Cabinet Member for Health, WSCC
Cabinet Member for CYP, WSCC
Executive Director for Adults, Children, Families, Health and Education
Elected Member for Chichester District Council
Chief Executive Arun District Council
Chief Executive Chief Executive, Adur and Worthing Council and Chairman West Sussex Health Inequalities Network
Clinical Chief Officer, CWS CCG
Chief Operating Officer, CWS CCG
Chairman, CWS CCG
Chief Clinical Officer, Crawley CCG (vacant)
Chairman, Crawley CCG
Clinical Lead Chairman, Horsham and Mid Sussex CCG
Chief Operating Officer, Horsham and Mid Sussex CCG (vacant)
Chair, Health watch
Crossroads Care
Age UK
Observers with speaking rights - Chairman West Sussex Health and Adult Social Care Select Committee, Sussex Police and Crime Commissioner, Sussex Police Divisional Commander, Safeguarding Adults Board (SAB) and Chair LSCB
Joint Children's Board
IPEH, Public Health, Family Operations - West Sussex County Council
Commissioning, Coastal West Sussex, Horsham and Mid Sussex and Crawley CCGs
NHS England
Sussex Community Foundation NHS Trust
Coastal West Sussex Children and Maternity Board
Commissioning Planned Care, Coastal West Sussex
Clinical Leads, Coastal West Sussex, Crawley, Horsham and Mid Sussex
Integrated Prevention and Earliest Help, WSCC
Designated Nurse of Looked After Children, Coastal West Sussex
Children's Continuing Care, Coastal West Sussex
Children's Commissioning, WSCC and CCGs
Named GP and Designated Nurse Safeguarding, Coastal West Sussex CCG

CYP Emotional Wellbeing and Mental Health Partnership Board
Commissioning, WSCC
Sussex Community Foundation NHS Trust
Family Operations, WSCC
Education Psychology Service, WSCC
Public Health, WSCC
Crawley & Horsham CCG
Children's Disabilities Team, WSCC
Crawley CCG
Coastal West Sussex CCG
Healthwatch
Horsham & Mid-Sussex CCG
SE Clinical Network, NHS England
Care Leavers, IPEH
Manor Green College
CAMHS, Sussex Partnership Foundation NHS Trust
LAC Commissioning, WSCC
Coastal West Sussex MIND
Bersted Green School
West Sussex Parent Forum
Adult Mental Health, CCG Commissioning
NHD England
YMCA Downlink
Brighton & Hove MIND
Healthy Child Programme, IPEH
Early Prevention and Targeted Provider Forum
Horsham and Mid Sussex, Crawley and Coastal CCGs
Youth Emotional Support, IPEH
Beacon House
Brighton and Hove MIND
Allsorts
Community Mental Health Liaison Service, Sussex Partnership Foundation NHS Trust
YMCA Downlink
Kooth
Autism Sussex
Coastal West Sussex MIND

Appendix 8 – MHDS Data Flow

The table below provides the current position of West Sussex providers with regard to flowing data into the MHSDS.

Provider	Data flowing to MHSDS?	Action required?	Organisations involved in action	Timetable to flow data
Sussex Partnership Foundation Trust (CAMHS)	Yes	Continue to ensure data flow and quality	SPfT, CCGs	NA
Brighton Mind	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, MIND, CCGs	By Dec 2018
Kooth/Xenzone	No	HSCN implemented and national agreement on methodology being agreed with NHS E directly	KOOTH Xenzone NHS England NHS Digital CCGs	Nov 2018
Allsorts	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, Allsorts, CCGs	By Dec 2018
Coastal West Sussex Mind	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, CWSXMIND, CCGs	By Dec 2018
My Sisters House	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, My Sisters House, CCGs	By Dec 2018
YMCA Dialog	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, YMCA, CCGs	By Dec 2018
Yes	No	BSP access and Master IDB template applied	County Council CCGs NHS Digital	Sept 2018
Lifecentre	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, Lifecentre, CCGs	By Dec 2018
Winstons Wish	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, Winstons Wish, CCGs	By Dec 2018
Change Grow Live	No	No connection to HSCN, third party solution via CSW CSU/VPN access being investigated and actioned.	CSW CSU, CGL, CCGs	By Dec 2018

Appendix 9 – Workforce Transformation Programme

CHILDREN & YOUNG PEOPLE’S EMOTIONAL WELLBEING & MENTAL HEALTH WORKFORCE DEVELOPMENT PROGRAMME: 2018-2020			
CCG Lead Commissioners	Martin Komen – Sussex	Karina Ajayi – Surrey	Martine McCahon – Kent & Medway
Lead Commissioning Partners	Health Education England, KSS	SECN, NHS England	Local Workforce Action Boards
Programme Manager	Marguerite Macfarlane		
Objectives	<ul style="list-style-type: none"> To ensure we have a CYP EW&MH workforce with the right number of people with the right skills deployed in the right place; To assist provider services to measure their workforce and bridge the gap between what they have and what they need to deliver quality emotional wellbeing and mental health services to children and young people; To draft an Outline Workforce Strategy that captures existing workforce issues, challenges, actions and ambitions across KSS and circulate for consultation and completion in April 2019; Commission a bespoke CYP EW&MH workforce audit tool developed with insights and expertise from local stakeholders; Conduct a workforce skills and competencies audit across all provider services/sectors to establish a baseline workforce profile; Analyse findings and emerging themes, undertake gap analysis, priority setting – to move from current to future state; To work collaboratively with services to lead workstreams for priority areas of work and draft a workforce action plan; Implementation and roll out. 		
Programme of Work	<p>Set-up Phase (2017/18 – 4 months)</p> <ul style="list-style-type: none"> Agree outline brief, expectations, resources and delivery of this programme of work; Scope project costs, potential funding streams and funding applications/MOUs; Agree governance and reporting arrangements (including responsible leads); Agree scope of workplan, programme management contracts and payment mechanisms; Create Project Plan and Communications and Engagement Strategy; Engage with key stakeholders in developing the Outline Workforce Strategy; Invite stakeholders to take part in the design of the bespoke audit tool; <p>Phase 1 (2018/19)</p> <ul style="list-style-type: none"> Finalise Outline Workforce Strategy Report into the three Programme Boards across KSS and provide updates to HEE, SECN and provider services on request Launch the CYP Matrix audit tool; Undertake roll-out of audit tool; Analyse initial findings, summarise emerging themes and begin to draft an action plan (with estimated costs); Establish workstreams for emerging priority areas and draft preliminary recommendations for approval by Programme Boards; Engage with stakeholders targeted for inclusion in Phase 2 (ie schools, T4 and forensic, community, universal, parents etc); Map all the work being undertaken across services, HEE, LWABs etc and link (where appropriate) into this programme. 		

CHILDREN & YOUNG PEOPLE'S EMOTIONAL WELLBEING & MENTAL HEALTH WORKFORCE DEVELOPMENT PROGRAMME: 2018-2020

Phase 2 (2019/20)

- Submit workstream recommendations with fully worked up cost estimates/business case (if appropriate) for approval to CYP Matters Steering Group and Programme Boards;
- Implement and monitor agreed actions;
- Roll out audit of services not included in Phase 1;
- Conduct analysis of finding from Phase 2 roll out – cross reference with Phase 1 findings and emerging themes;
- Extend workstream participation to Phase 2 services and refresh and extend recommendations;
- Revised/extended action plan submitted for approval to CYP Matters Steering Group and Programme Boards.

Progress Report (Start up and Phase 1 to date)

- 1) Established programme of work, governance and reporting arrangements;
- 2) Secured funding from SECN for start-up and HEE/LWAB funding for 6 months to 30/09/18; begun discussions to secured continued funding for the 6 months to 31/03/19;
- 3) Worked with commissioners to agree scope of services for inclusion in Phase 1 – engaged extensively with services across the sectors to agree joint ownership/involvement to this challenging programme;
- 4) Commissioned and developed the CYP Matrix with input from stakeholder 'Champions';
- 5) Conducted a desk-top document review and worked with multiple stakeholders across KSS to develop an Outline Workforce Strategy;
- 6) Discussions commence on further development of the CYP Matrix benchmarking tool including reporting requirements.

Deliverables

- Funding from SECN and HEE/LWAB
- Responsible leads/planning meetings
- Contract with Visual-data
- Design Workshop (26.02.18)
- Defined service lists across KSS
- 12 volunteer Champions
- 4 Launch Workshops (May/June 2018)
- CYP Matrix tool (vBeta) – 82 services
- Outline CYP EM&MH Workforce Strategy

Planned activities and actions (July 2018 – March 2019)

- 1) Conduct workforce audit across all CYP EW&MH services commissioned by health or jointly by health and social care;
- 2) Provide 1:1 support and joint webinars to support uptake of the audit to maximise participation;
- 3) Develop the CYP Dashboard with input from commissioners and provider services;
- 4) Review reports as soon as the audit is underway, working with Sarah Amani to identify key findings;
- 5) Establish a SE Region 'CYP Matters Steering Group' to oversee implementation programme;
- 6) Incorporate updated prevalence figures into the CYP Matrix;
- 7) Submit early recommendations and proposals to Steering Group; establish themed, time-limited workstreams to develop local and/or regional action plans;
- 8) Conduct exploratory workshops with extended stakeholders invited to join the programme in Phase 2 (ie schools, inpatient and forensic services, families and additional third sector partners)

Deliverables

- Fully worked up Workforce Strategy including agreed action plans
- CYP Dashboard (Beta version)
- Audit findings/emerging themes from Phase 1
- CYP Matters Steering Group and Workstreams established;
- Preliminary recommendations and action plans (from Phase 1)
- Exploratory Workshops (Phase 2)
- Revised CYP Matrix (if Phase 2 agreed)

Outline Workforce Strategy for Sussex

Children and Young People's
Emotional Wellbeing and Mental Health

2018-2021 and beyond
06.06.18

Executive Summary

The development of a workforce strategy for children and young peoples' mental health (CYP EWMH) is being taken forward at a time when the focus in this area has never been stronger. The strategy will support local plans for transforming services for CYP EWMH in Sussex, as well as addressing one of the key requirements set out in *Future in Mind*¹ and the *Five Year Forward View*² - to identify and deliver actions to ensure that by 2021 we have moved closer to developing a workforce with right number of people with the and right skills deployed in the right place.

However, with access to a limited pool of health and social care staff has proved challenging and this, together with budgetary constraints, rising demand and a shift in focus to prevention and early intervention, the challenge will be to find new and innovative solutions to ensure our CYP are supported and treated in a timely way. We need to develop a deeper understanding of the skills, competencies and behaviours of the current and future workforce and to identify how we can bridge the gaps through recruitment, training, the development of new roles and working collaboratively across the wide provider network including statutory, private, voluntary and third sectors.

This is not a strategy that can be developed in isolation by any of the parties alone; commissioners, providers and key partners across the South East are working together to develop a consistent approach, that is sensitive enough to identify and capture local variation and needs, to

underpin the development of a sustainable, whole system workforce. Working with software engineers, a bespoke modelling tool, codesigned by local champions, will be used to capture data about existing skills and competencies and identify where effort and resources need to be targeted to address gaps that emerge.

The full strategy to be developed later this year will describe:

- a clear and shared understanding of the current and future workforce requirements to 2021 across the system, in terms of number, skill mix, competencies, roles and location and training needs.
- a clear, prioritised and agreed system wide implementation plan with innovative, affordable and creative solutions with identified implementation leads, timescales and deadlines.

As a starting point, this outline strategy sets out:

The national , regional and STP direction for CYP EWMH services, the challenges facing the workforce, plans and actions being taken		
Sussex Providers workforce challenges, plans and actions		
For each of West Sussex, East Sussex and Brighton and Hove:		
The local picture of CYP EWMH needs	The local NHS and LA commissioned services	The local workforce challenges and local actions underway
Next steps to develop the Workforce Strategy further		

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Vision and ambitions in the South East

The developing vision and ambitions for the CYP EWMH workforce in the South East are:

The wide network of organisations, involved in supporting children and young people with their emotional wellbeing and mental health, has a competent, skilled and respected workforce. The workforce delivers high quality evidenced care, in partnership with children, young people and their families and through close collaboration across organisational and professional boundaries.

To deliver this vision we need a workforce that³:

1. Is capable and competent to deliver evidence-based, person centred services across the whole pathway;
2. Embodies the values of care and compassion, dignity and respect, openness, honesty and responsibility in everything they do;
3. Is motivated, confident, compassionate and respected;
4. Reflects the values, behaviours, diversity and character of our local community;
5. Has the right number of people with the right skills in the right place;
6. Supports CYP and their families and carers, to access greater levels of self-help enabled through technology, and help in better managing choices, risk and responsibility;
7. Works in new ways and has the flexibility, skills and expertise to respond to CYP needs regardless of organisational boundary and setting;
8. Is supported and encouraged to access education, training and other learning opportunities;
9. Is encouraged to and takes advantage of opportunities provided by technology and innovation;
10. Is well led with effective leadership which drives partnership working, integrated care, engages and empowers workforce and supports people to thrive throughout their career; and
11. Works in a mentally healthy work place, where strong morale and good wellbeing is encouraged and evident;

Introduction and background

This is a Sussex-wide Outline Workforce Strategy for services for children and young people's emotional wellbeing and mental health (CYP EWMH). Over the next twelve months this Outline Strategy will be developed further following the completion and analysis of a workforce audit and the agreement of an implementation plan.

This outline strategy supports the delivery of the:

- three Local Transformation Plans (LTPs) for CYP EWMH services in West Sussex⁴, East Sussex⁵ and Brighton and Hove⁶ and their priorities of improving access, improving quality, reducing admissions and increasing early intervention;
- The Surrey Heartlands STP, Sussex and East Surrey Sustainability Transformation Partnership's (STP) aims to expand access to locally provided, high-quality CYP EWMH care⁷. As CYP EWMH services are commissioned on a Local Authority (LA) basis, East Surrey CCG is included in the Surrey Outline Workforce Strategy.

Workforce planning is particularly complex in CYP EWMH services as providing care; statutory, community, voluntary, and private sector organisations provide a full range of services from prevention and early identification to specialist and crisis support and transition to adult services. They operate from a variety of settings including primary

care, early years settings, health centres, schools, colleges, youth centres, youth justice settings, hospitals and family homes.

Phase one (2018/19) - the scope of the workforce review will focus specifically on services commissioned by Health or jointly by Health and Social Care to provide a EWMH intervention to CYP aged 0-24. This will include anyone working in one of these services, with a clinical or non-clinical role in supporting CYP to improve their outcomes.

Phase two (2019/20) - will extend to the workforce in services currently out of scope such as, inpatient services, forensic services, schools, families and communities. The scope of phase two will be fully defined and agreed further to the learning and feedback from phase one.

During each phase, an audit will be conducted across service teams from each of the services within scope, to provide a more detailed understanding of the numbers, skills, roles and competencies within the current workforce and this will be reviewed against the prevalence and demand. (See Appendix 1)

The findings from phase one audit will be used to inform the creation of potential solutions and an agreed, prioritised and affordable action plan to be incorporated with the Full Strategy in March 2019.

Emotional wellbeing and mental health needs

The future life chances of children and young people are heavily affected by their wellbeing and mental health. Most mental illness has its origins in childhood and mental illness in childhood is a risk factor for adult mental illness.

Half of all mental disorders first emerge before the age of 14 years, and three quarters by the age of 25 years.⁸

Mental health conditions are often accompanied by complex social issues such as poverty, bereavement, domestic violence, parental mental health disorders or substance misuse, homelessness, looked after children and other risk factors such as special education needs, age and gender.

One in ten 5 to 15 year olds have a mental health disorder according to the last nationwide survey of children's mental health in 2004⁹. That is nearly 20,000 CYP in Sussex. There are indications that prevalence has increased since then, which suggests that 10% is an under estimate. The results of a new survey with updated prevalence estimates is due to be published in Autumn 2018. The revised estimates will be used to provide a more accurate estimate of future demand for CYP EWMH services and will inform the development of this strategy.

The future workforce needs to be able to respond to this complexity and feel confident to promote good mental health and wellbeing, identify problems early and manage escalation and crisis.

*Future in Mind*¹ identifies a consistency in the views that CYP have of the qualities and behaviour they would like to see in the workforce. These are summarised below:

A workforce which is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing.	Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.	Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
Staff who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, and trustworthy.	Their processes should be transparent, honest, and open to being both inspected and clearly explained.	Visible actions should result from such scrutiny, enabling children to voice their opinions.
The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic.	A workforce with the right mix of skills, competencies and experience	Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience

National policy and guidance

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.”(Future in Mind, 2015¹)

A number of national policies, reports and guidance will influence how the workforce strategy is shaped, both from a clinical and a workforce policy perspective. Some of the key policies are:

Five-year forward view for mental health, February 2016 ²		Children and young people’s mental health: time to deliver, November 2016 ¹⁰
Transforming Children and Young People’s Mental Health Provision: A Green Paper, December 2017 ¹¹	Future in Mind, March 2015 ¹	
Stepping forward to 2020/21: The mental health workforce plan for England, July 2017 ¹²		

Together these documents build a picture of the national direction of travel for CYP EWMH services and those who deliver them.

They require providers and commissioners to reframe the way they define services and the workforce to:

- move towards a system built around the needs of CYP and their families and away from a system defined in terms of the services organisations provide (the ‘tiered’ model)
- move away from ‘traditional’ models of care to create new roles, provide training transcending professional boundaries and create flexible career pathways;
- define our workforce through the eye of the patient (the skills, values and behaviours a person needs to help them reach and maintain wellness) rather than through the numbers of registered professions;
- build a workforce that is representative of the community it serves.
- prioritise staff wellbeing and flexible working; and
- Develop an effective local system of care with a range of providers offering diverse and flexible services harnessing the strength of the wider network of voluntary and community organisations, as well as schools e.g. Mental Health Teams and trained MH leads.

National workforce challenges

Workforce challenges nationally are set against a backdrop of increasing demand, due to a range of factors including improved awareness of CYP EWMH issues, societal changes such as growth in social media, changing educational policy, and the reduction in formal and informal roles, e.g. youth workers are able to offer early pastoral and preventative support.

Some of the internal and external challenges and influencing factors faced by the network of CYP EWMH providers are shown here and on the following page:

Austerity

Impact - The impact of austerity on the MH system is not fully confirmed, however, since 2007 there has been a significant reduction in the formal and informal workforce and their capacity to support CYP EWMH. For example - reduced investment in programmes such as Sure Start, Children's Fund and Connexions as directly impacting the resilience within the system of support for children.¹³

Changing provider landscape

Schools – there is an increasing role for schools in raising awareness, building resilience, early identification and signposting as set out in the Green Paper¹¹.

Collaboration - the public sector is issuing fewer large contracts, for charities, this will make it increasingly impossible to secure funding from public bodies unless they are working in consortia or supply chains of larger organisations.¹⁴

Culture Change - embracing the non-NHS workforce and the value they bring.

Brexit

International recruitment - NHS and the social care system are heavily reliant on international recruitment, the current workforce implications of the UK leaving the EU are unknown.¹⁵ In the shorter term, changes to immigration policy could impact the ability of the system to recruit and retain staff. For example: around 5% of the UK's health workforce and a further 5% of the social care workforce are EU nationals, with higher proportions in London and the South East.¹⁶

Technology

Technological changes - will have a profound impact on the job market and the nature of work over the next decade.¹⁴ This will impact when, how and why CYP access services and the skills and competences needed within the workforce.

National workforce challenges cont.

Recruitment and retention

NHS Psychiatry - lack of doctors choosing to train at a higher level, reliance on non-UK and non-consultant grade doctors and not choosing to be substantively employed by the NHS.¹²

Third sector - most common barriers to recruitment are: salary, applicants' lack of skills, few or no applicants, applicants' lack of experience and insufficient funds to advertise widely¹⁷

Third sector - Salaries are less than those in the public sector.¹⁸

All providers are competing for the same, limited pool of staff¹⁵

MH nurses - fall in growth of MH nursing posts- fewer MH nurses employed each year -4% each year compared to +2% in adult nursing.¹²

Third sector – reliance on staff loyalty and commitment without which they would be unable to continue.¹⁴

Turnover and attrition

NHS Trusts - the number of people leaving MH Trusts has risen from 10.5% in 2012/13 to 13.6% in 2015/16 (compared to 8.6% in secondary physical care) meaning that the NHS loses more than 10,000 mental health staff each year (adult and CYP)¹².

Third sector - higher staff turnover in voluntary sector than public sector¹⁹

Temporary and short-term contracts

Third sector - has a higher percentage of temporary or short-term contracts than public and private sector organisations²⁰.

Local Authorities - the number of staff directly employed by councils is likely to decline.²¹

Training

NHS - lengthy training programmes - 14-15 year lead time to train consultants and a 7-8 year lead time to train a MH nurse.¹²

NHS - changes in training nurses from bursary to tuition fees

Third sector – primary causes of skills gaps: lack of 1) funding for training and development (61%), 2) time available for employees to attend training (58%) and 3) lack of local training (21%).¹⁷

Third sector - Smaller charities would benefit from better succession planning and training opportunities.¹⁴

Vacancy rates

NHS CYP psychiatry - consultant vacancy rate has almost doubled (6.2% in 2013 to 12.0% in 2017).²²

MH Trusts - 9.6% vacancy rate in CYP services, largely filled by bank and agency staff (2016).¹²

Third sector - top 15 most challenging vacancies to fill includes youth workers and social carers (4/15) and advice workers/ counsellors (15/15)¹⁷

Workforce Wellbeing

Third sector: staff are particularly susceptible to burnout because of the combination of scarce resources, high needs clients and expectations of sacrificial behaviour. Staff should be encouraged to prioritise their wellbeing.¹⁴

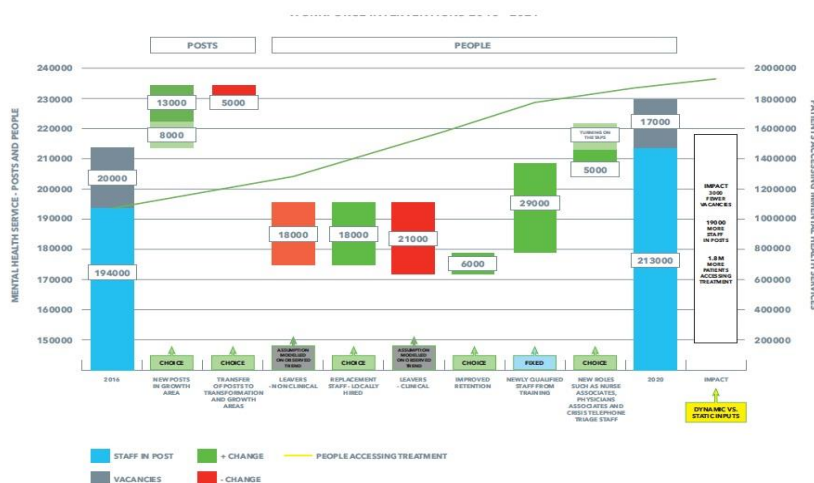
NHS - Poor mental health is estimated to account for more than a quarter of staff sickness absence in the NHS.²³

National actions driven by HEE

7

Stepping Forward, 2017¹² summarises the actions being taken by Health Education England (HEE) and national partners to deliver the five-year forward for mental health. It sets out the need for 21,000 additional staff (medical, nursing, AHP and non-clinical) by 2021. Of these 4,400 are for CYP (200 medical, 1,200 nursing, 700 AHP, 2,200 support to clinical staff and 200 admin and infrastructure staff).

Growth and transformation for mental health services to 2021



The waterfall diagram above summarises the starting and end points, variables and levers that need to be influenced: vacancy assumptions, leavers, transfers, new posts, improved retention and newly qualified staff etc. Key actions that HEE are leading on are described opposite.

	Key actions identified	Lead Organisations
1	Producing Good Mental Health (e.g. Mental Health promotion and prevention training, Making every contact count MECC)	Health Education England (HEE); Public Health England (PHE)
2	Identifying and responding as soon as possible to mental and physical health issues (e.g. Encourage post qualification year in psychiatry for GPs, MECC, raise awareness of MH)	HEE, Royal College of GPs (RcGPs), All mental health staff
3	Retaining and supporting our existing staff (e.g. dedicated workforce development budget, NHS accommodation, flexible approaches to retirement, Mental Health Officers)	HEE, NHS Employers (NHS Em.) Dept Health and Social Care
4	Employers supporting clinical staff to release more time for those who access mental health services. (e.g. release consultant time to develop and spread solutions, pharmacists working alongside consultants, physician's associates, senior nurses at top of licence)	NHS England (NHS E), NHS I, HEE, Royal College of Psychiatrist (RCPsych), NHS Em.
5	Encouraging qualified staff to return to practice in the NHS (e.g. Return to Practice campaign for psychiatrists and MH nurses, support for other staff)	HEE, NHS I, NHS Em., RCPsych
6	International recruitment to help fill short-term gaps (e.g. source skilled workers, ensure psychiatry has share of the Medical Training Initiative)	NHS E, HEE, RCPsych
7	New skills, roles and ways of working (e.g. Creation of leadership training courses, expansion of new: advanced practitioners, consultant nurses/ AHPs, physician/ nursing associates, and early intervention workers.)	HEE
8	Expanding the talent pool of future staff (e.g. Medical school entry requirements, mental health priority reflected in the UK Medical Licensing Assessment, development needs of Specialty and Associated Specialty doctors)	HEE, General Medical Council (GMC)
9	Attracting people to work in mental health (E.g. national / local recruitment campaigns, develop and publish a clear career pathway)	RCs, Trainees, MH Charities, HEE
10	Increasing the number of applicants for clinical training courses (e.g. increase the exposure to psychiatry during training, two-week taster in psychiatry during Foundation Programme, explore bursaries)	HEE, RCPsych
11	Supporting and retaining our trainees (e.g. develop 'run through' training for Child and Adolescent Psychiatry, reduce attrition rates from training programmes, Accelerated Return to Training programme)	HEE, RCPsych, NHS Em.
12	Better intelligence about the mental health workforce (e.g. access to workforce data from non-NHS sectors)	HEE, NHS DIGITAL (NHSD), ALBs
13	Compendium of Best Practice (e.g. compendium to support employers and teams to achieve workforce transformation and growth, robust local workforce plans)	HEE
14	Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans (Each STP senior leader, HEE's Local Workforce Action Boards (LWABs) lead on workforce, workforce plans as part of STP finance and service submissions)	STP, HEE, LWAB, ALBs

Workforce plans in Sussex

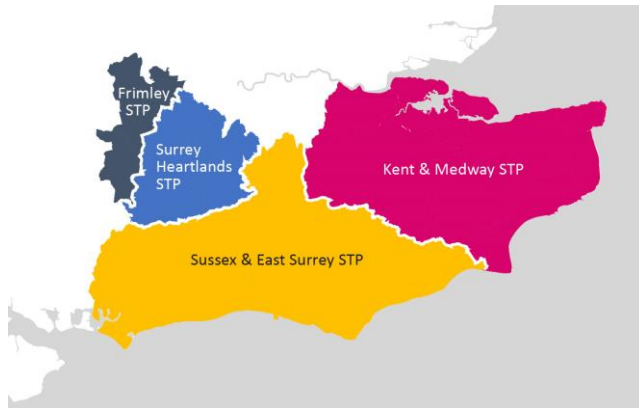
The national commitment to increase the mental health workforce by 21,000 previously mentioned, will support improving access to services at an earlier stage; nationally by 2021, at least 70,000 additional CYP annually will receive evidence-based treatment with a greater focus on prevention and emotional wellbeing. This represents an increase in access to NHS-funded CYP EWMH services to meet the needs of at least 35% of those with diagnosable MH conditions. Of the 21,000 additional national posts, 4,400 will be for CYP EWMH.¹² Analysis by HEE on a Sussex and East Surrey STP basis is on-going, to identify their share of the 4,400 in terms of numbers and roles. Latest analysis identifies the need for 534 additional clinical and non-clinical MH posts of which 158 would be for CYP services. Further detail is available on the following waterfall diagrams and from HEE directly.



Workforce actions in the South East

The workforce challenges across the South East mirror the national picture. Various organisations are involved in supporting the expansion of the workforce

including Health Education England (HEE), Local Workforce Action Groups (LWABs), Skills for Health and Skills for Care. Projects underway include:



CYP IAPT	Clever together	Staff surveys
Communities of practice	Recruit to train	WRAPT workforce tool
Childrens' wellbeing practitioners	Bands 1-4	Clinical skills hub
Apprenticeships	Workforce planning	Many others

New Roles - HEE is offering 100% financial contribution to salary and training costs in the first year of employment for the new roles of *Children's wellbeing practitioners (CWP)*. CWPS will deliver guided self

management – a low intensity mental health intervention (not therapy) Together with Skills for Care, HEE is investigating the creation of new roles in *Bands 1-4*, which could help transform the CYP workforce including: care navigator, graduate support worker, STR worker, link worker.

New Funded Training Routes - HEE and the LWABs are commissioning a new training route, *Recruit to Train*, in partnership with the London and the South East CYP IAPT Learning Collaborative.

Retention and recruitment - *Clever Together* crowd sourcing campaign has been completed. There has been high engagement from the SES area in an online survey helping to understand and tackle the staff retention challenges

CYP IAPT - The CYP IAPT Programme²⁴ seeks to embed a set of principles, values and practices within the existing workforce to improve their capabilities to manage workload and achieve good outcomes. A range of courses delivered by CYP IAPT are offered and *Communities of practice* have been held focussing on mental health in schools, engaging CYP in service delivery, workforce and reflective supervision.

Other initiatives - Piloted the use of the WRAPT workforce tool, clinical skills hub, mental health workforce plan predictions, SES STP apprenticeship forum and SES STP collaborative bank project.

Sussex and East Surrey STP priorities and actions

Surrey and East Sussex (SES) STP encompasses 2 mental health trusts, 8 CCGs, 4 Local Authorities, 215 GP surgeries and 4 places.

The strategy for Sussex includes West Sussex, East Sussex and Brighton and Hove. Whilst the SES STP boundary includes East Surrey CCG, CYP EWMH services for East Surrey CCG are commissioned by Surrey and are therefore included in the Surrey strategy Brighton and Hove has developed a detailed workforce strategy – accessible [here](#). Further details on scope and key parameters of the strategy can be found in Appendix 2.

STP Workforce Priorities – The SES STP ‘workforce statement of intent’²⁵ identifies a number of key areas where work can be focussed (shown below) This includes supporting the development of a high level mental health workforce strategy across the STP in line with the requirements of the National Workforce Plan for Mental Health.

Temporary Staffing Collaborative	Attraction and Retention	Leadership and Talent	Streamlining Project
Apprenticeships and the Levy	Flexibilities within Agenda for Change		Reward and Recognition
Wellbeing	Shared Services/Collaboration across Organisational Boundaries		Organisational Development
Workforce Race Equality Scheme (WRES)	Education and Training	New Types of Role/Workers	Mental Health Workforce

STP CYP EWMH priorities - The Mental Health in Sussex and East Surrey: strategic framework and delivery roadmap, 2017²⁶, sets out the ambition that, “*young people will have a positive future outlook and be able to cope with the challenges of adulthood.*” The aim is that more CYP will:

feel connected with people like themselves	have a positive outlook of their future
feel more able to cope with moving into adult life	improve their confidence and independence

STP CYP EWMH workforce initiatives - With a high proportion of mental illness starting in childhood, early intervention in and the promotion of good mental health is crucial to lowering the risk of mental illness taking hold and in reducing its impact when it does. This is recognised by the STP, which asks the three Integrated Care Systems to take lead responsibility for addressing both primary prevention, resilience and early identification and intervention for CYP EWMH. This will be supported by four workforce initiatives:

Skills for workforce resilience	Co-production, lived experience and peer working
Workforce planning	Quality improvement programme

Provider challenges and actions

Sussex Partnership NHS Foundation Trust (SPFT), the main CAMHS provider across Sussex has identified five key drivers that need to be addressed in reshaping their workforce.²⁷

Stress One of the main causes of sickness absence Can reduce the quality of the care and treatment	Recruitment and retention Difficulties in traditional roles across registered professional groups	
	Increase capacity To provide evidence-based interventions to deliver on treatment that we know works	Competing priorities Delivering effective interventions at the same time as refining and developing the care coordinator role
Agency staffing Significant cost and quality impact		

Within SPFT's priority change programmes are three workforce challenges: improving teams, staff wellbeing and new roles.

In common with the national picture, SPFT is facing challenges in recruiting trained staff across all professions (clinical psychology has seen a draw to the independent sector), is carrying vacancies and has an ageing workforce, including staff with MH officer status.

SPFT is looking at a range of initiatives including succession planning to create horizontal opportunities within a lean leadership structure, new psychology assistant and nursing associate roles and apprenticeships.

SPFT in partnership with local universities delivers vocational qualifications, foundation training and internship programmes.

Although there are some common themes, Third Sector organisations face different challenges in relation to their workforce, for example²⁸:

Recruitment and retention – the voluntary sector generally offer lower wages and benefits than statutory organisations and so are looking at ways of making their jobs more attractive.

Staff development – regular mandatory training, CPD and internal training opportunities are provided, but voluntary organisations cannot easily absorb costs involved in further training (fees, travel etc). They are being creative in finding internal options for career development.

Flexibility – the workforce is often made up of part time workers or volunteers from as little as four hours per week. This may be appropriate in some settings, but in others, such as a community setting, the lack of a support structure (such as in a school) may mean that a workforce working longer hours and more days becomes more sustainable.

Governance and structure – as the voluntary sector work more closely with statutory organisations, they are introduced to more governed ways of working, which may be different to prevailing cultural norms and may require a different skill mix. This can lead to staff feeling stressed/leaving and needs careful attention when planning inter-organisational projects.

Changing role of volunteers – changing volunteer programs in response to the changing environment e.g. YMCA Downslink honorary counsellors.

West Sussex – local needs^{4, 29}

- There are approximately 190,000 CYP aged 0-19 in West Sussex (2016). The 0-19 population constitutes 22.4% of the total resident population in the county, a smaller proportion than the national average (23.7%).
- The 0-19 population is projected to grow over time, with the greatest change anticipated in the 10-14 age group.

Age Band	2016 MYE	Population projection (% change from 2014)			
		2021		2026	
0-4	47,740	47,320	(-1.4%)	47,830	(-0.3%)
5-9	50,590	50,800	(+6.4%)	51,050	(+6.9%)
10-14	45,780	52,770	(+18.2%)	53,040	(+18.8%)
15-19	45,230	45,180	(-1.7%)	51,870	(+12.8%)
20-24	39,590	37,510	(-6.6%)	37,230	(-7.3%)
Total 0-24	228,930	233,590	(+3.1%)	241,020	(+6.4%)

Note. % change shows the difference between the projected population size and the 2014 mid-year estimate. These are projections NOT forecasts. Counts may not sum due to rounding.

- The number of CYP (aged 0-19) from minority ethnic groups is below the national average (25.1%), accounting for 13.2% of CYP in the county. The largest minority ethnic group are from Asian/Asian British communities (4.5%). Crawley has the greatest proportion of CYP from minority ethnic groups (31.9%).
- West Sussex is one of the least deprived areas in the country, ranked 131st of 152 upper tier authorities (1 = most deprived). Of the West Sussex Districts and Boroughs, Adur is the most deprived, followed by Crawley, Arun and Worthing. Small areas within three wards in Arun fall within the 10% most deprived areas in England.

- In 2015, 10.9% of children aged under 16 were living in low-income families in West Sussex, a smaller proportion than England (16.8%). Child poverty varies across the county with the highest rate seen in Crawley (14.8%) and the lowest in Mid Sussex (6.9%).
- There is a lack of current and regular data on the prevalence of MH disorders among CYP. ONS conducted a national survey in 2004 to estimate the prevalence of MH conditions in children aged 5-16. In 2015, 8.4% of CYP aged 5-16 were estimated to have a MH condition in West Sussex (taking into account age, sex and socioeconomic classification), equating to around 9,500 children. There are indications that the prevalence of MH conditions among CYP has increased since 2004 and that this is an underestimate.
- The What About YOUth (WAY) survey (2014) examined health behaviours of 15 year olds in England. In West Sussex, 15 year olds responding to the survey had a lower mean score (46.8) on a mental wellbeing scale (WEMWBS) than the national average (47.6). In addition, 59% of 15 year olds reported being bullied in the past few months (higher than England – 55.0%), and 51.0% stated that their body was “about the right size”.
- In West Sussex, the rate of self-harm among CYP (aged 10-24) has exceeded the national rate for a number of years. Self-harm is more common among young people and often manifests in adolescence. Locally, nearly two-fifths of all emergency admissions for self-harm were among CYP aged 10-24 (2015/16).

West Sussex – local services

Services to support the EWMH needs of CYP are jointly commissioned by the three West Sussex CCGs (Coastal West Sussex, Crawley, and Horsham and Mid Sussex) and West Sussex County Council (WSCC). In response to what CYP and their families told us, services are aligned to four key themes:

Reach and resilience – CYP are supported through their lives by people who have the competency to meet their needs and grow their resilience and within an environment that reduces stigma.

Early intervention and prevention – CYP who are experiencing prolonged periods of emotional, social or behavioural difficulties are supported within universal or family settings so that we prevent or minimise the risks of problems emerging and respond early if difficulties emerge.

Specialist support – CYP are identified early and receive proactive and persistent support. CYP receive a timely service with seamless pathways.

Crisis – CYP receive support that promotes recovery, and they are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions.

Service	Provider
A&E Liaison Service Child and Adolescent Mental Health Service (CAMHS) Community Mental Health Liaison Service Early Intervention Psychosis Service Sussex CYP and Families Eating Disorders Service Therapeutic service for unaccompanied asylum seekers	Sussex Partnership NHSFT (SPFT)
CAMHS Looked After and Adopted Children (LAAC) Service Youth Offending (Community MH Liaison) Assessment and Treatment Services (ATS)	SPFT (West Sussex County Council)
Advocacy	Brighton and Hove MIND
Bereavement support for families	Winston's Wish
Canine Assisted Therapy Face to face counselling	YMCA Dialogue
CYP Mental Health and Resilience Training Programme Youth Mental Health Service	Coastal West Sussex MIND
Domestic Abuse Recovery Together	My Sister's House
Eating Disorders Support for Parents	BEAT
Family Support for CYP with Autism	Aspens (Autism Sussex)
LGBT support	Allsorts West Sussex
Online counselling	Kooth
Sexual Abuse Therapy	Lifecentre
Youth Emotional Support (YES)/ Health and Justice Support	WSCC
Football Wellbeing Service	Crawley Town FC

West Sussex – priorities and challenges

West Sussex's vision for 2020⁴ is: An integrated, multi agency system-wide approach which builds resilience, improves access to services and supports CYP along pathways of care whatever their needs. In collaboration with key partners we will have:

1. Accessible, timely services in the community
2. Intervention and targeted services catching problems early
3. More capacity and greater choice along the continuum of need
4. A focus on outcomes, particularly for the most vulnerable
5. Fewer gaps between services, including improved transition between CYP and adult provision
6. A workforce with the skills required to deliver the services CYP tell us they want and need.

Priority areas for investment from 2018-2021 are identified below:

Health and justice pathway	Early intervention and prevention and targeted services and support	Most vulnerable children and young people
Eating Disorder Services	Workforce development	
Crisis care and urgent help	Neurodevelopmental pathway	Transition

Workforce challenges in West Sussex

- In addition to the national and regional workforce challenges previously discussed, the geography of West Sussex adds to the difficulties in recruiting and retaining a skilled workforce: e.g. the proximity to London, which offers enhanced allowances.
- The Training Needs Analysis undertaken in 2014 identified a number of gaps across West Sussex³⁰:

Training needs to be coordinated and targeted	Lack of choice/range of opportunities. Where staff did have access to training, opportunities and options are limited
Specific gaps in , general mental health training and suicide awareness and prevention training	Insufficient training across the board to meet demand

- Workforce risks identified in the LTP include: delay in recruitment to key posts and ongoing recruitment and retention challenges reflective of national shortages particularly in some key staff groups, delay in recruitment to key posts and ongoing recruitment and retention challenges.

West Sussex – actions underway

A range of actions including training, inter-organisational working and role development are underway. These are a few examples:

- CYP IAPT – the Sussex wide Delivering With Delivering Well Programme²⁴ oversees the workforce transformation programme. Sixteen staff from a variety of organisations in West Sussex have benefited and continue to benefit from CYP IAPT training. The programme provides training, backfill and expenses.
- Following the Training Needs Analysis (TNA) in 2014, the CYP Mental Health and Resilience Training Programme was commissioned. This includes for example: MH first aid, trauma & attachment, effects of social media and suicide prevention. To date 133 courses have been delivered to over 1,400 staff and volunteers in West Sussex³¹. The programme has been extended until 2021 and will also offer bespoke training for schools, enhanced digital training and training for parents/carers.
- Community Mental Health Liaison Service have undertaken a TNA and now provide training and support to professionals working with CYP to develop their understanding, knowledge and skills relating to CYP EWMH and developing reflective practice.
- Staff are working across traditional organisational boundaries e.g. CAMHS provide clinical supervision for YES staff. Joint case-working and assessments provide seamless and integrated support
- Training plans are being developed for the Integrated Prevention and Earliest Help Team (WSCC) following a skills audit in Nov 2017.
- Bespoke training is offered by a number of organisations e.g. Beacon House provided extended trauma and attachment training to YES and Youth offending Team, CWS Mind provided sessions to 336 staff in Primary Care and BEAT provided training to increase the awareness of the early warning signs for eating disorders among people who work with CYP.
- Provision of training and support for the Academic Resilience Approach³², which supports schools and colleges to develop a whole school approach to emotional resilience. So far 26 secondary schools have signed up for workshops, coaching and communities of practice to share learning and experiences.
- Emotional wellbeing leads in schools - a network of named emotional wellbeing leads has been established in every secondary school in the county as recommended by *Future in Mind*¹. and a consultation is underway for a similar network in primary schools.
- Sussex University's Post-Graduate Certificate in Low-Intensity Psychological Interventions for CYP (provided in partnership with University of Sussex and SPFT) offers placements in schools across Sussex. By the end of 2018, they will have delivered over 2000 hours interventions to approximately 230 CYP.

East Sussex – local needs^{5, 29}

- In East Sussex there are currently 117,000 0-19 year olds, constituting 22% of the population, South East (24%) and England (24%).

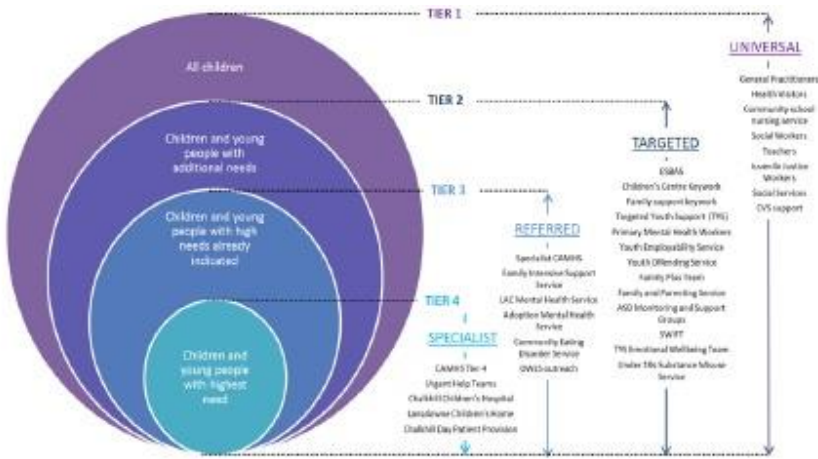
Age Band	2016	Population projection (% change from 2014)			
		2021	2026		
0-4	27,890	28,720	+1.5%	29,190	+3.1%
5-9	30,750	30,840	+5.5%	31,570	+8.0%
10-14	29,040	32,550	+13.7%	32,810	+14.6%
15-19	30,290	29,120	-6.6%	32,620	+4.7%
20-24	26,040	24,400	-8.4%	23,680	-11.1%
Total 0-24	144,010	145,630	+1.2%	149,870	+4.1%

Note. % change shows the difference between the projected population size and the 2014 mid-year estimate. These are projections NOT forecasts. Counts may not sum due to rounding.

- The 10-14 age range is expected to see a 14.6% rise in numbers followed by the 5-9 year olds (+8%). By contract there is expected to be an 11% decline in the 20-24 age range.
- In 2015, over 14,000 CYP aged 0-15 and over 16,000 dependent CYP aged 0-19 in East Sussex were living in low income families.
- Although East Sussex as a whole has a lower percentage of children living in poverty (18%) than nationally (19.9%) there is much variation: from 10.9% in Wealden to 27.5% in Hastings. Both Eastbourne and Hastings have a higher percentage of children living in poverty than the national average.
- Overall, with population growth and changes in the profile of need, need and demand for services are projected to increase.
- East Sussex has significantly higher rates of school absenteeism in both primary (10.4%) and secondary school (15.4%); compared nationally (8.4% and 13.8% respectively). Both Hastings and Eastbourne have higher rates of young people who are not in education, employment or training (NEET). Hastings and Rother CCG has a significantly higher proportion of pupils receiving pupil premium (27% compared to 21% in East Sussex) and pupils with Specialist Educational Needs or Education Healthcare Plan (40 per 1,000 compared to 36 per 1,000).
- A higher proportion of 15 year olds in East Sussex appear to engage in risky behaviours – smoking (12.8%) and alcohol consumption (7.8%) compared to the national average (8.2% and 6.2% respectively).
- A significantly higher percentage of 15 year olds in East Sussex report being recently bullied (58.5%) than nationally (55%) and regionally (57.3%) and the mental wellbeing scale (WEMWBS) is lower than the national average (46.7/ 47.6).
- A higher proportion of 15 year olds in East Sussex (53.5%) stated that their body was “about the right size” than nationally (52.4%).
- Hastings has a significantly higher rate of youth offenders (4 per 1,000) than East Sussex (2 per 1,000) and youth offenders have much higher rates of MH disorder than the general youth population.

East Sussex – local services

Services to support the EWMH needs of CYP in East Sussex are commissioned by the three East Sussex CCGs (Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald, Lewis and Havens) and East Sussex County Council (ESCC). Services are aligned to four key themes as shown in the illustration below⁵:



Universal services - practitioners who are not MH specialists offer general advice and treatment for less severe problems, contribute towards MH promotion, identify problems early, and refer to more specialist services. Universal services contribute to identification and nurturing of core protective factors for mental wellbeing: enhancing control; increasing resilience; facilitating participation and promoting inclusion.

Targeted – MH practitioners who offer effective and early support before problems become entrenched and significant.

Referred – Specialist community EWMH services provided by a number of linked multi-disciplinary teams

Specialist Inpatient –In patient services for CYP with the most serious problems are provided in Haywards Heath, Sussex, and sometimes outside the area.

The services commissioned by the NHS and ESCC in East Sussex are:

Service	Provider
A&E Liaison Nurses	SPFT
Family Eating Disorder Service	
CAMHS Learning Disability	
Specialist CAMHS	
Urgent Help Services	
Perinatal Mental Health Services	
Early Intervention in Psychosis	
Emotion – online counselling	Impact Initiatives, Brighton
Integrated Emotional Wellbeing Service	ESCC/ SPFT
SWIFT	

East Sussex – priorities and challenges

The East Sussex LTP⁵ sets out that all services for children and young people, and their families, can and should play a role in promoting positive mental health and emotional well-being in children and young people. We also believe that all organisations concerned with children and young people should work together to make sure services are of the highest quality, easy to access and providing every child and young person the opportunity to achieve as much as they are able to.

A responsive, supported and competent workforce for all CYP experiencing emotional distress is key in delivering these ambitions.

Priority areas for investment from 2018-2021 are identified below:

Whole school approach to emotional wellbeing	Improving evidence based treatment	Single point of referral and advice
Increase therapies for the highly vulnerable with complex issues	Improve the skills base and confidence in the workforce	Improve model of care for those who experience a MH crisis

These plans are consistent with the East Sussex Better Together Workforce Strategy 2016-18 (recruitment and retention of a skilled, flexible and responsive workforce) and the current draft Workforce Development priorities within the Sussex and East Surrey STP (see slide 8)

Learning needs analysis - East Sussex Children's Services Thematic Learning Needs Analysis (LNA)³³ was conducted with ESCC Children's Services Early Help and Social Care practitioners, ESHT Health Visitors and Community Nursery Nurses and ESCC Children's Services ISEND staff. The analysis from this work has highlighted areas that need investment for training and supervision to enable staff to feel confident about working.

Low levels of confidence in knowledge and skills were reported by:

47% in relation to substance misuse	43% in relation to domestic abuse
29% in relation to mental health	
20% in relation to child sexual abuse	25% in relation to generic knowledge and skills

In addition 23% did not have an understanding of common mental health illness and conditions and 20% did not understand the potential impacts of adult mental health on CYP.

The recommendations arising from this report included ensuring a clear distinction between mental health training on adult need, focused on CYP EWMH, offering foundation and professional training in mental health and exploring new developments and improving the marketing of existing learning opportunities.

East Sussex – actions underway

A range of actions exploring opportunities for reskilling and developing existing staff, as well as attracting qualified staff back to the NHS are underway. Here are a few examples of work to date⁵:

CYP IAPT – the Sussex wide Delivering With Delivering Well Programme²⁰ oversees the workforce transformation programme. A handful of staff have benefited from CBT/ supervisors training.

MH Learning pathway – Following the LNA in 2016, East Sussex has prioritised improving its training offer to the wider workforce to help address the knowledge and confidence gap. The pathway has three distinct sequenced stages: ‘foundation’, ‘professional’ and ‘advanced’ and can be accessed through a single learning portal for all staff. In excess of 600 individuals training attendances in 2016/17. Learning opportunities are now available in a blended learning format that maximises time, access and reflective practice and include eLearning, brief bite briefings, classroom and eventually team practice discussion supported by team leads.

Supervising Staff training workshops - facilitated by SWIFT, a 2 hour Bite size reflective learning workshop for managers supervising staff with a MH Caseload (2016/18 x 5)

Assessment and intervention framework - Research has started on a framework for a comprehensive tool kit for CS staff³⁴.

Eating disorders - BEAT provided bespoke training to increase the awareness of the early warning signs for eating disorders among people who work with CPY.

Community of practice – The second Sussex-wide community of practice learning event took place in November 2017 promoting IAPT practice targeted youth services.

School Health Grant Programme – supports the implementation of whole school approaches to addressing emotional wellbeing needs e.g. thrive, mindfulness, teacher CPD, resilience, nurturing.

Mental health first aid - Public Health has resourced all school health staff to attend Mental Health First Aid Training to support early recognition and referral, and to deliver appropriate interventions in school based clinics to pupils presenting with low level emotional, behavioural and mental health needs.

Hastings Opportunity Area – Additional funding over three years will allow Hastings to fund project to improve social mobility for CYP. The plan focusses on: making sure all CYP have the literacy skills they need to succeed, equipping CYP with world-class maths skills, improving MH and resilience for CYP and broadening horizons of CYP and developing vital employment skills³⁵.

Brighton and Hove – local needs^{6, 29}

The issues highlighted in the B&H JSNA mirror those of England, including the gap between increasing need and availability of treatment services; accessibility difficulties with long waits for referrals and appointments; variable access to out of hours services and specific issues for vulnerable groups of children.

- Nearly one third of the population in B&H are under age 25. 8.4% of 5-16 year olds, who are registered with a GP, are estimated to have a MH disorder.

Age Band	2016 MYE	Population projection (% change from 2014)			
		2021		2026	
0-4	14,790	15,270	+1.5%	15,610	+3.7%
5-9	14,630	14,600	+1.6%	14,750	+2.6%
10-14	13,520	14,730	+11.2%	14,670	+10.7%
15-19	17,760	16,710	+1.9%	18,500	+12.8%
20-24	32,500	30,930	-3.3%	30,710	-4.0%
Total 0-24	93,200	92,240	+1.3%	94,240	+3.5%

Note. % change shows the difference between the projected population size and the 2014 mid-year estimate. These are projections NOT forecasts. Counts may not sum due to rounding.

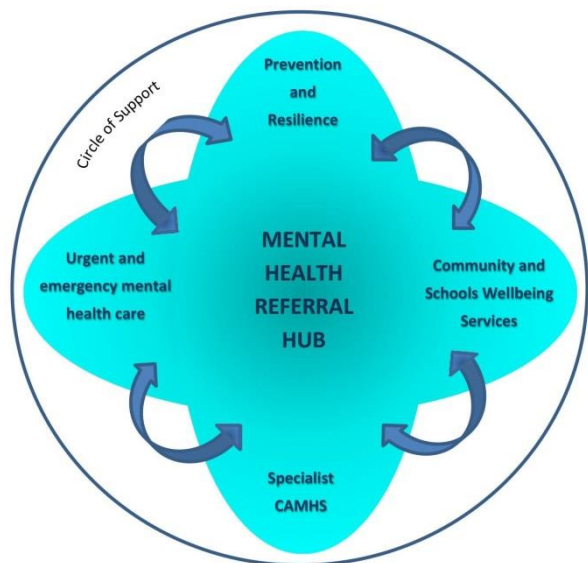
- Current trends suggest that there is increasing need related to CYP with depression, anxiety, self-harm, and suicidal thoughts, with Tier 2 services seeing an upward trend in referrals
- The growing 10-14 age group is likely to place an increased demand on schools for prevention, whereas the decreasing 20-24 age group may help to increase capacity within counselling services for young people .
- There is a higher proportion of children in care compare to England.

- Deprivation varies considerably with some wards among the 20% most deprived in England. The city is 102nd most deprived out of the 326 LAs in England. Approx. one in six children (17%) live in poverty.
- There is a higher rate of statutory homeless households with dependent CYP than England and a large student population.
- The numbers of CYP affected by health conditions and lifestyles that can cause and contribute to families living in poverty are higher than the national average. A significantly higher proportion of 15 year olds appear to engage in risky behaviours: smoking (14.9% - England 8.2%) and alcohol consumption (11.3% - England 6.2%). 56.9% report having experienced bullying (England 55.0%). The mental wellbeing scale (WEMWBS) is similar to the national average and 51.1% stated that their body was “about the right size” (England 52.4%).

More flexible services to break down boundaries	Transition from children's to adult services should be smooth and easy to navigate	More young-people friendly environment
Improved joint working across organisations and professions	Increased emphasis on skill sharing and communication between professionals to enhance collaborative working and put the CYP at the very centre of their approach.	Increase capacity in Community and Schools Wellbeing Services
Improved access to information on prevention, resilience building, referral criteria and pathways		Introduce a child-centred teamwork approach, taking mental health expertise to allied professionals

Brighton and Hove – local services

Brighton and Hove CYP EWMG services are commissioned using a Thrive-informed model as the guiding paradigm. The model aims to blur organisational lines and criteria, providing support and interventions along a continuum, depending on need, has a policy of 'no door is the wrong door', and aims to be a whole system of support for children and young people's mental health and wellbeing⁶.



A responsive and experienced workforce should be well supported, strive for improvement and developed to meet local needs. Local assets should be considered including children and young people and their parents, digital enablers and our vibrant voluntary sector.

Service	Provider
Specialist CAMHS Urgent and emergency mental health care Teen to Adult Personal Advisors Paediatric Mental Health Liaison Service Looked After Children pathway CAMHS Learning Disability Team Urgent Help Service Early Intervention in Psychosis Perinatal Mental Health Service Sussex Family Eating Disorder Service	SPFT
Community Wellbeing Service including online support	HERE, YMCA, Mind, SPFT
Schools Wellbeing Service Youth Offending Service Therapeutic support for sexually assaulted children and young people under the age of 14	LA
RUOK? Substance misuse service	LA and SPFT
Beat Eating Disorder Service	Beat
Safety Net children's safety charity	Safety Net
Right Here (FindGetGive website)	YMCA DLG

Brighton and Hove – priorities

The vision in Brighton and Hove is to ensure there is more proactive support for children and young people, providing them with opportunities to build their own resilience, recognise their need earlier, encouraging them to support one another and feel comfortable talking about their issues. If they need to access services they can do so when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way ³.

The LTP identifies the following priority areas⁶:

Development of an integrated neuro-developmental business case (including autism, learning disability, Tourettes syndrome and ADHD)		Implementation of enhancement of specialist perinatal mental health service
Implementation of re-specified Specialist CAMHS service including the Thrive-informed model	Workforce development and training needs analysis - workforce strategy	NHS England Health and Justice and CCG joint commissioning for vulnerable groups, especially Looked After Children
Full implementation of Community Wellbeing and Schools Wellbeing Services	CYP IAPT implementation, training and quarterly reporting from the 3 main providers (SPFT, Here and partners and the Local Authority)	

A number of priorities in CYP mental health have been identified, including the following:

- Recognising the need for a flexible workforce who are able to respond to need across organisational boundaries;
- Retaining staff who work in mental health services;
- Enabling skill-sharing among mental health service staff;
- Developing local assets and local training;
- Creating a responsive workforce who are 'young person-friendly', delivering interventions for a group with different expectations about the mental health services that they should receive;
- Creating a workforce who are able to adapt to new models, new ways of working and new roles for change and innovation;
- Having effective leadership in place at all levels across all agencies from clinical and managerial leaders of mental health services, to leaders in higher education who design appropriate and relevant courses for the mental health workforce of the future;
- Anticipating the needs of the workforce and implementing strategies to meet them;
- Being committed to safe practice.

Brighton and Hove – challenges and actions

There are a number of challenges currently being faced in relation to the CYP mental health workforce in Brighton and Hove. These include the following:

- Difficulties recruiting in a city which is a high-cost living area, but which does not attract a high-cost area supplement, such as the London weighting;
- Difficulties attracting people to train in traditional roles, with some roles depleting;
- Transforming the workforce so that it is innovative and responsive to need;
- Having an ageing workforce;
- Difficulties attracting new people to work in mental health services;
- Problems with the expense of mental health training and ensuring that people attend their training;
- Time delays in terms of waiting for people to be fully trained before they can become part of the new workforce.

A range of actions including training, inter-organisational working and role development are underway. The following are examples of recent actions that Brighton and Hove have implemented:

- Becoming a member of the Delivering With, Delivering Well Board;
- Forming a partnership with CYP IAPT, with 5 training places taken up in 2017/18;
- Placing Psychological Wellbeing Practitioners in the Community Wellbeing Service;
- Establishing the Schools Wellbeing Service - offering an emotional wellbeing whole school approach to staff, pupils and parents;
- Delivering mental health first aid in schools;
- Making use of Charlie Waller Foundation eating disorder and self-harm courses;
- Providing self-harm awareness training for parents and carers;
- Creating bespoke courses on awareness and the early warning signs for professionals regarding eating disorders;
- Providing group supervision by Specialist CAMHS professionals to the Schools Wellbeing Service;

There are many challenges facing the current CYP EWMH workforce and in planning a sustainable, skilled, competent and respected workforce fit to support CYP for the next five years and beyond. A fresh approach to addressing these challenges and planning the future workforce is needed; moving away from traditional job roles towards a skills and competences methodology, that is appropriate to the varied workforce needed by the network of providers across the NHS, Local Authority, voluntary, community, private and third sectors.

The concerted focus in this area, combined with a willingness among the wide network of organisations involved in commissioning and providing care and support to this group in the South East, provides a timely opportunity to develop a robust and comprehensive cross sector workforce strategy.

A current lack of information and data needed to make reliable and informed decisions has led us to develop a bespoke modelling tool, The Matrix, which is being rolled out from May 2018.

Once undertaken the audit result will enable us to plan more robustly and identify practical steps on how to bridge the gaps through recruitment, training, the development of new roles and working collaboratively across all local organisations. Not only will the Matrix help gather workforce data, it will also help to:

- identify areas of outstanding and innovative practice that can be shared across the system;
- identify what resources are needed and identify where to target our scarce resources more effectively;
- create robust arguments for securing additional resources; and
- potentially influence national organisations, such as HEE, through persuasive and robust reasoning.

Given the wide network of organisations involved in supporting CYP through formal commissioning arrangements and informally, the strategy is being taken forward in phases with the first phase in 2018/19 encompassing services providing MH interventions that have been commissioned by the NHS or LA. The workforce not within the scope of phase one including those that provide valuable prevention and early intervention in schools and communities, as well as more specialised crisis services, will be considered for phase two in 2019/20.

This Outline Workforce Strategy is the first stage in this journey. There has been strong support from the provider network and we hope that they will support and encourage their teams to complete The Matrix and join subsequent discussions and action planning.

The next steps in the development of phase one are set out on the next page.

Strategy Development – Phase 1 (P1)

Key actions in Phase 1: 2018/19		Timescales
1	Work collaboratively with Champions from provider services across Kent, Surrey and Sussex to co-design a bespoke CYP EWMH workforce audit tool – The Matrix – created by Visual-Data Software LTD. The Champions will ensure that developers create the right indicators to enable the appropriate and relevant level of quantitative data is captured on current staff numbers, vacancies, skills and competencies as well qualitative data on the challenges and issues relating to recruitment, retention and sustainability.	April/May 2018
2	With help from Commissioners, the developers will pre-populate the audit tool with demand data (referral numbers etc) as well as CYP prevalence data - this will be updated when revised prevalence data is released later in 2018.	April/May 2018
3	Workforce Launch Workshops will be held in Maidstone, Leatherhead, Horsham and Brighton aimed at service leaders, to explain the purpose of developing the workforce strategy, conducting the audit and discussing joint outcomes.	May/June 2018
4	<i>All providers of NHS and Local Authority commissioned CYP EWMH services</i> will be asked to conduct the workforce audit – the aim is for service leads to identify the skills, knowledge and behaviours required to deliver our vision of transformation for CYP EWMH across the system.	June-Aug 2018
5	Review findings as services complete their audits, identify gaps, analyse existing services against future local population needs, pinpoint any emerging themes, challenges and opportunities.	Aug-Oct 2018
6	Collectively, with key stakeholders/Champions, share initial findings, tease out, explore and formulate ideas, appraise and prioritise actions (in the short, mid and long term). These could include training and development opportunities, rolling out new models of care and associated new roles, enhancing leadership skills, considering more appropriate skill mix and more flexible use of staff competencies, improved recruitment and retention strategies etc acknowledging national and regional work in this area.	Sept-Oct 2018
7	Develop an implementation plan of actions needed to move from current to future state and begin to roll out immediate actions.	Oct-Dec 2018
8	Identify and consult with wider stakeholders (ie not included in P1 such as schools and communities, parents, specialised services) to get involved in the programme, to assess the need and undertake the workforce audit in Phase 2.	Feb/March 2019

Strategy Development – Phase 2 (P2)

26

Key actions in Phase 2: 2019/20		Timescales
1		April
2		
3		
4		
5		
6		
7		
8		

Appendix 1 - Workforce audit – The Matrix

A summary of the next steps in the development of the Workforce Strategy for CYP EWMH can be found on the next page. The first two of the actions are in relation to undertaking a workforce audit.

Having reviewed a number of options for supporting the workforce audit, commissioners across the South East have jointly commissioned a workforce audit tool, The Matrix, to support the providers to review their workforce and capture data on workforce numbers, roles, skills and competencies using a consistent methodology. The tool will map competences against the University of London's competence framework for CYP EWMH services.³⁶

Phase 1: Stage 1 Codesign - Commissioners and providers of NHS and LA commissioned services across the public and PVI sector will work collaboratively with Visual-Data Software LTD to co-design The Matrix, so that it collects the appropriate data for CYP EWMH, is user-friendly and meets the requirements for the developing workforce strategy.

At a design workshop held on 26th February, 42 system leaders (from NHS, LA and PVI sectors) considered how and what information would be needed from provider services to inform the CYP EW&MH workforce strategy in order to tackle the ever-increasing demand on services and to improve outcomes for CYP into the future. A number of champions from a range of providers across the South East were identified to test the development of the tool over the coming months.

Stage 2 Audit – Providers will use The Matrix to audit their workforce.

Stage 3 Analysis and review - Audit data will be aggregated to build a picture of current and future workforce requirements in Sussex. This will inform the recommendations of the strategy in terms of workforce roles and numbers, skills and competencies, training programme development and new role design. Providers will also have access to local data to inform their own workforce plans.

The Matrix - One of the key areas for improvement identified in *Future in Mind*⁷ was the need for data that crosses different organisations involved in commissioning and delivery of EWMH services for CYP including workforce data. Visual-Data Software LTD previously developed a real-time data analytics and data visualisation tool for Early Intervention in Psychosis in 2015. This benchmarking tool allows registered users to gain insights into:

Population (MH incidence and age profile)	Demand (referrals and caseload)	
	Workforce	Performance
Outcomes		

Since its development, the EIP Matrix has been adapted for use by other services including Perinatal Mental Health. Stage 1 codesign will shape a bespoke Matrix for CYP EWMH services.

Appendix 2 – Scope and key parameters

South East Workforce Programme: This strategy is part of a joint initiative to develop a sustainable, whole system workforce strategy in the South East. It will be underpinned by the co-creation of a bespoke modelling tool.

Local Transformation Plans (LTPs): The strategy is coterminous with and supports the West Sussex, East Sussex and Brighton & Hove LTPs.

CCGs and Local Authorities: The strategy covers:

- Local Authorities: East Sussex, West Sussex and Brighton and Hove;
- West Sussex Clinical Commissioning Groups: Coastal West Sussex, Crawley, Horsham and Mid Sussex;
- East Sussex CCGs: Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald, Lewes and Havens CCGs; and
- Brighton and Hove CCG.

Sussex and East Surrey STP: The geography of the strategy is not completely co-terminous with the Sussex and East Surrey STP as East Surrey CCG is included in the Surrey Outline Workforce Strategy. This is because services in Surrey are commissioned on a county basis with SABP the prime provider for CYP EWMH services

Timescale: The Outline Strategy will be published in May 2018 and the Full Strategy in March 2019.

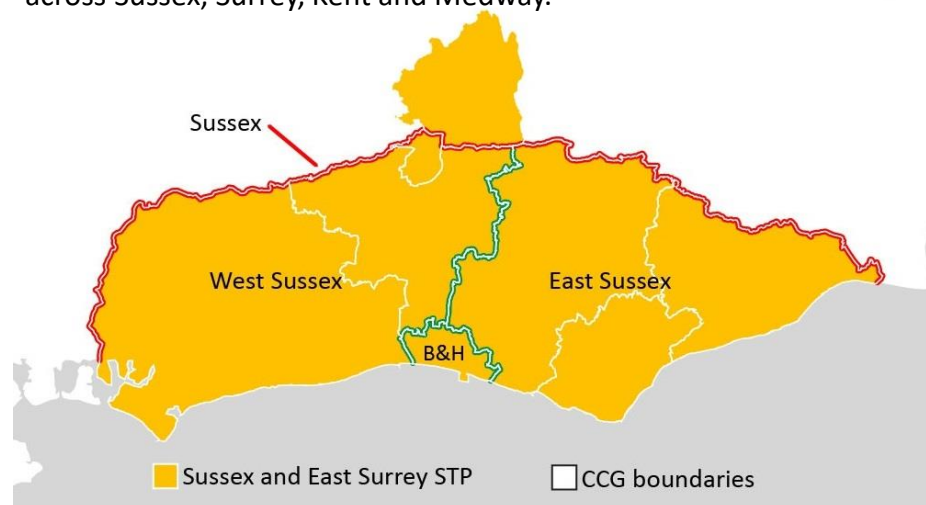
Services: The strategy covers services provided by Statutory or PVI organisations for CYP EWMH within the age range of 0-18/24, which have been commissioned to provide interventions by the NHS or LA.

Phasing: The strategy development will be undertaken in two phases.

Workforce audit: The strategy will be informed by a workforce audit undertaken in each of the phases (see appendix 1).

Gap analysis and priority setting: The audit findings will be used to develop appropriate actions.

Funding: The strategy has been supported by the SE Clinical Network, Health Education England, Local Workforce Action Boards and CCGs across Sussex, Surrey, Kent and Medway.



- 1: Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing*. London: Dept of Health.
- 2: The Mental Health Taskforce. (2015). *The Five Year Forward View for Mental Health*. London: National Health Service.
- 3: Adapted from: NHS Scotland. (2013) *Everyone Matters: 2020 workforce vision for NHS Scotland* [ONLINE] Available at: <http://www.workforcevision.scot.nhs.uk/> [accessed 3 May 2018]
4. West Sussex Clinical Commissioning Groups. (2017) *West Sussex Local Transformation Plan Refresh, Children and Young People's Emotional Wellbeing and Mental Health (2015-2020)* Refresh 2017/18. Retrieved from: <https://www.coastalwestsussexccg.nhs.uk/children-and-young-people> [accessed 3 May 2018]
- 5: East Sussex Clinical Commissioning Groups. (2017) *Children and Young People's Mental Health and Wellbeing Local Transformation Plan. Refresh 2017/18*. [ONLINE] Available at: <http://www.hastingsandrotherccg.nhs.uk/about-us/plans-and-strategies/children-and-young-peoples-mental-health-and-wellbeing-local-transformation-plan/> [accessed 3 May 2018]
- 6: Brighton and Hove Clinical Commissioning Group. (2017). *Children and Young People's Mental Health and Wellbeing Local Transformation Plan for Brighton and Hove (2015-2020). Refresh 2017/18*. [ONLINE] Available at: <https://www.brightonandhoveccg.nhs.uk/file/12276/download?token=qv2wjEck> [accessed 3 May 2018]
- 7: Sussex Partnership NHS Foundation Trust. (2017). *East Surrey and Sussex Sustainability and Transformation Plan*. [ONLINE] Available at: <https://www.sussexpartnership.nhs.uk/stp> [accessed 3 May 2018]
- 8: Public health England. (2017). *Children's and Young People's Mental Health and Wellbeing Profile for East Sussex*. [ONLINE] Available at: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000008/ati/102/are/E1000011> [accessed 16 January 2018]
- 9: Office of National Statistics (2004). *Mental Health of Children and Young People in Great Britain, 2004*.
- 10: Frith, E. (2016). *Children and Young People's Mental Health: Time to Deliver. The report of the Independent Commission on Children and Young People's Mental Health*. London: Education Policy Institute
- 11: Department of Health and Department for Education. (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper (Cm 9523)*. London: APS.
- 12: Health Education England. (2017). *Stepping Forward to 2020/21: The Mental Health Workforce Plan for England*. London: National Health Service.
- 13: Kent County Council et al. (2017) *Kent Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health, Version 3*.
- 14: Evidential Consulting (2017) *Facing forward*. Lloyds Bank Foundation for England and Wales
- 15: Care Quality Commission. (2017). *Review of children and young people's mental health services*. [ONLINE] Available at: https://www.cqc.org.uk/sites/default/files/20171027_cypmhphase1_literaturereview.pdf [accessed 3 May 2018]
- 16: House of Lords (2016) *Leaving the European Union: NHS and social care workforce*, House of Lords library
- 17: The FSI. (2017). *Small Charity Sector Skills Survey 2016/17* [ONLINE] Available at: <http://www.thefsi.org/policyresearch/skills-survey-201617/> [accessed 3 May 2018]
- 18: NCVO. (2014) *UK Civil Society Almanac 2014 / What is the state of pay in the voluntary sector?* [ONLINE] Available at: <https://data.ncvo.org.uk/a/almanac14/what-is-the-state-of-pay-in-the-voluntary-sector-3/> [accessed 3 May 2018]
- 19: Civil Society. (2014) *Voluntary sector sees "revolving door" of staff, says report* [ONLINE] Available at: <https://www.civilsociety.co.uk/news/voluntary-sector-sees--revolving-door--of-staff--says-report.html> [accessed 3 May 2018]
- 20: NCVO. (2017) *UK Civil Society Almanac 2017 / Workforce* [ONLINE] Available at: <https://data.ncvo.org.uk/a/almanac17/workforce-4/> [accessed 3 May 2018]
- 21: Local Government Association (2018) *Councils in a changing world* [ONLINE] Available at: <https://www.local.gov.uk/councils-changing-world> [accessed 3 May 2018]
- 22: Royal College of Psychiatrists. (2017). *Summary of the workforce census 2017* [ONLINE] Available at: https://www.rcpsych.ac.uk/pdf/RCPsych_workforce_census_summary_2017.pdf [accessed 3 May 2018]
- 23: Boorman S. (2009) *NHS health and well-being: final report*. London: Department of Health.

References cont.

- 24: NHS England. (2014). *CYP IAPT Principles in Child & Adolescent Mental Health Services: Values and Standards "Delivering With and Delivering Well"*. London: CAMHS Press
- 25: Sussex & East Surrey Sustainability and Transformation Partnership (2017) Sussex & East Surrey Sustainability and Transformation Partnership Workforce Statement of Intent , September 2017
- 26: Sussex and East Surrey Strategic Transformation Partnership (2017). *The Mental Health in Sussex and East Surrey: strategic framework and delivery roadmap, 2017 v3*. [ONLINE] Available at: https://www.sussexpartnership.nhs.uk/sites/default/files/documents/mental_health_in_sussex_and_east_surrey_-_strategic_framework_and_delivery_roadmap.pdf [accessed 3 May 2018]
- 27: Sussex Partnership NHS Foundation Trust. (2017). *Clinical Strategy, the next steps in our journey 2017-2020*. [ONLINE] Available at: https://www.sussexpartnership.nhs.uk/sites/default/files/documents/clinical_strategy_final_for_web.pdf [accessed 3 May 2018]
- 28: Personal communication with 3rd sector partners.
- 29: ONS. (2018). *Population estimates - local authority based by single year of age* [ONLINE] Available at <https://www.nomisweb.co.uk> [accessed 29 March 2018]
- NHS Digital. (2015). *Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUth? Survey 2014* [ONLINE] Available at: <http://digital.nhs.uk/catalogue/PUB19244> [accessed 3 May 2018]
- 30: Coastal West Sussex Mind. (2014). *West Sussex Emotional Wellbeing and Mental Health Training Needs Analysis Final Report, October 2014*.
- 31: Coastal West Sussex Mind. (2017). *West Sussex Children and Young People Mental Health & Resilience Training Programme*.
- 32: West Sussex County Council. (2017). 'Making progress, making a difference - Commissioning for children and young people's mental health and emotional wellbeing in West Sussex' Retrieved from <https://www.westsussex.gov.uk/media/10086/making-progress-report-2016-17.pdf> [accessed 3 May 2018]
- 33: Allcock, J. (2016). *East Sussex Children's Services Thematics Learning Needs Analysis Report*. Lewes: East Sussex County Council.
- 34: East Sussex County Council. (2017) Children and Young People Mental Health and Emotional Wellbeing Transformation Programme Board paper 7.12.16. Children and Young People Mental Health and Emotional Wellbeing Transformation Board
- 35: East Sussex Better Together. (2017) *Children and young people in Hastings to benefit from £6m to improve maths, literacy, mental health and employment skills*. [ONLINE] Available at: <http://news.eastsussex.gov.uk/east-sussex-better-together/2018/02/08/children-and-young-people-in-hastings-to-benefit-from-6m-to-improve-maths-literacy-mental-health-and-employment-skills/> [accessed 3 May 2018]
- 36: UCL. 2018 *Psychological Interventions in Child and Adolescent Mental Health Services*. [ONLINE] Available at: http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychological_Interventions_in_Child_and_Adolescent_Mental_Health_Services [accessed 3 May 2018]

AHP	Allied Health Professionals	LAC	Looked After Children
CAMHS	Child and adolescent mental health services	LWAB	Local Workforce Action Board
CBT	Cognitive behavioural therapy	MH	Mental health
CCG	Clinical Commissioning Group	SABP	Surrey and Borders Partnership NHS Foundation Trust
CWP	Children's wellbeing practitioner	SES STP	Surrey and Sussex Sustainability and Transformation Partnership
CYP	Children and young people	SPFT	Sussex Partnership NHS Foundation Trust
CYP IAPT	CYP improving access to psychological therapies	STP	Sustainability and Transformation Partnership
ED	Eating disorder	UASC	Unaccompanied Asylum Seeking Children
EIIP	Early Intervention in Psychosis	WAY	What About YOUth (survey)
ESCC	East Sussex County Council	WSCC	West Sussex County Council
EW	Emotional wellbeing		
EWMH	Emotional wellbeing and mental health		
FBT	Family-Based Treatment		
HEE	Health Education England		
LA	Local Authority		

Further information

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Rationale

This guidance supports the refresh of Children & Young People's Mental Health & Wellbeing (CYP MH&WB) Local Transformation Plans (LTPs) for 31 October 2018. It builds on the initial Key Lines of Enquiry (KLoEs) developed in 2015 to support the original LTPs and the subsequent refreshes in 2016 and 2017.

LTPs were first submitted in September 2015. LTPs set out local areas' joint responses to Future in Mind, including the use of new resources from the Autumn Statement 2014 and Spring Budget 2015. CCGs have received a total of £149M in 2016-17, £170m in 2017-18 and will receive £300m in 2018/19. The requirement to refresh and republish CYP MH LTPs, including details of how further resources would be used, was set out in the Planning Guidance and in Implementing the Five Year Forward View for Mental Health. It is expected that the refreshed plans will document and represent significant progress from the initial submission in 2015.

The aim is to confirm that there is transparent commitment and local engagement in 2018/19 to deliver existing planning commitments for CYP MH&WB and to make the necessary preparations for future years.

The guidance continues to use the format of the 2016/17 Mental Health Interim Assurance Audit for CCGs. The assurance will confirm that intentions identified in the audit are progressing and are backed by a substantive and transparent commitment with system-wide partners which is reflected in demonstrable progress towards the building of improved access, capacity and capability since the first CYP MH&WB LTP in 2015. It will also identify and confirm the basis of the assessment of assurance as captured in the CCG IAF and Sustainability and Transformation Plan (STP) processes.

The guidance will provide a clear view of progress and commitments to the 2018/19 CYP MH&WB deliverables and beyond, as well as the challenges and indications of preparedness identified in the audit. Some areas will want to work towards being a trailblazer site to deliver MH support teams into schools and/or pilot a 4 week waiting time, in 18/19 or future years. This intent and supporting plans should be reflected in the LTP, with a particular focus on the strategic relationships that will support this work.

The RAG-rating system developed below is to be used only for guidance and to highlight areas where plans are sufficiently robust and developed or may need further development.


A good joint plan will identify: the aim; the pathways concerned; the partners involved with a joint commitment to deliver; a project plan including planning structures; resources (including resource transfer); time scale; benefits and outcomes and; risk assessment and potential barriers.

Ratings Key:

Fully confident: Objective clearly identified and delivered. All requirements in place.

Partially confident: Objective not clearly identified, some requirements in place or plans/actions require strengthening.

Not confident: Objective not identified or no confidence that actions will result in requirements being achieved.

Guidance based on Key Lines of Enquiry (KLoE)				
1. Transparency & Governance	Rating	Overall confidence levels	Comments	
Will the LTP be both refreshed and republished by the deadline of 31 October 2018 with checked URLs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with a disability?	Fully Confident			
If the plan is not refreshed by the 31st October 2018 deadline, has the CCG confirmed a progress position statement on the refresh on their website?				
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs? (CCGs are requested to provide a paragraph on alignment)	Fully Confident		Section 7 - 7.3	
Does the LTP include baseline figures (15/16), updated figures (16/17, 17/18) and planned trajectories for:				
- finance (LTP investment and other wider investment that contributes to deliver of transformation)	Fully Confident		Section 6	
- staffing (WTE, skill mix, capabilities)	Fully Confident		Appendix 4	
- activity (e.g. referrals made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with a clear year on year plan that demonstrates how performance will improve in line with access targets and increase capacity to deliver evidence based interventions?	Fully Confident		Section 2 and Section 7 - 7.4 and 7.5	
Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability/Autism spectrum disorder/Attention deficit hyperactivity disorder (ADHD)?	Fully Confident		Section 7 - 7.1 (and throughout)	
Does it evidence their participation and co-production in:	Fully Confident		Section 7 - 7.1 and 7.2	
- governance	Fully Confident		Section 7 - 7.1 and 7.2	
- needs assessment	Fully Confident		Section 7 - 7.1 and 7.2	
- service planning	Fully Confident		Section 7 - 7.1 and 7.2	
- service delivery and evaluation	Fully Confident		Section 7 - 7.1 and 7.2	
- treatment and supervision	Fully Confident		Section 7 - 7.1 and 7.2	
- feedback to inform commissioning and services	Fully Confident		Section 7 - 7.1 and 7.2	
Have the following relevant partners been consulted about the proposed key priorities of the refreshed LTP for 18/19:	Fully Confident		Section 9 and Appendix 6	
- the chair of the Health and Wellbeing Board and their nominated lead members	Fully Confident		Section 9 and Appendix 6	
- Children's Partnership arrangements	Fully Confident		Section 9 and Appendix 6	
- specialised commissioning	Fully Confident		Section 9 and Appendix 6	
- local authorities including Directors of Children's Services and Local Safeguarding Children's Boards	Fully Confident		Section 9 and Appendix 6	
- local Transforming Care Partnerships	Fully Confident		Section 9 and Appendix 6	
- local participation groups for CYP and parents/carers	Fully Confident		Section 9 and Appendix 6	
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?	Fully Confident		Section 9 and Appendix 6	
Does the plan evidence a strategy on how to track and improve progress over the plan's period that includes KPIs? i.e. show yr1, 2, 3 etc.	Partially Confident		Section 7 and Appendix 5	
Does the plan portray a culture of collaborative working across agencies and evidence of where stakeholders have worked in partnership to reduce fragmentation in commissioning and service delivery, including all key investment and performance information from commissioners and providers within the area?	Fully Confident		Section 7 - 7.3 (and throughout)	
Does the plan demonstrate links with other key strategic reforms and plans for children and young people with MH conditions, for example Transforming Care and special educational needs and disability (SEND)?	Fully Confident		Section 5 - 5.7	
2. Understanding Local Need	Rating	Overall confidence levels	Comments	
Is there clear evidence that the plan was designed and built around the needs of all children and young people and their families locally who have or may develop a MH problem, including particular attention to groups and communities with a known heightened prevalence of MH problems, including CYP with LD/ASD/ADHD?	Fully Confident		Section 2 - 2.3	
Does the LTP demonstrate how the needs of disabled children and young people, including those with a learning disability, autism or both will be met?	Fully Confident		Section 5	
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA), whilst also identifying where gaps exist, with evidenced based plans in place to address these?	Fully Confident		Section 2 - 2.3	
Does the plan make explicit how health inequalities are being addressed?	Fully Confident		Section 2 - 2.3 and Section 5 - 5.7	
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?	Fully Confident		Section 2 - 2.3	
3. LTP Ambition 2018-2020	Rating	Overall confidence levels	Comments	
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England Specialised Commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups?	Fully Confident		Section 4, Section 5 and Section 7	
Does the LTP align with the deliverables set out in the Five Year Forward View for Mental Health with a clear vision as to how delivery will be different in 2020 and how this will be evidenced?	Fully Confident		Throughout	
Does the plan evidence the whole system of care including:	Fully Confident		Section 4, section 5 and section 7 - 7.3	
- prevention and early intervention, including universal settings, schools, colleges and primary care	Fully Confident		Section 4 and section 5	
- early help provision with local authorities, Public Health and Directors of Children's Services	Fully Confident		Section 4 and section 5	
- evidenced – based routine care	Fully Confident		Section 4 and section 5	
- crisis care and intensive interventions	Fully Confident		Section 5 and section 7	
- identifying needs, care and support for groups who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, 3 or more adverse childhood experiences (ACEs), looked after children, children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary depending on area	Fully Confident			
- inpatient care	Fully Confident		Section 4 and Section 5	
- specialist care e.g. CYP with learning disabilities or forensic CAMHS	Fully Confident		Section 7	
Where New Models of Care are being tested is there a commitment to continue to invest LTP monies beyond the pilot?	Fully Confident		Section 7	
Does the LTP evidence: a) commissioning practice and b) local operating procedures which promote and encourage prompt referrals and access to services? e.g. does the plan describe proactive work to support those working with CYP to promptly and appropriately refer to CYPMHS?	Partially Confident		Section 7 - 7.3	
Does the LTP clearly set out, based on the best available evidence, the expected and/or intended impact of local prevention services on the wider pathway and on the outcomes for CYP using the services?	Partially Confident		Section 4 and Section 5 and Section 7 - 7.4	
Does the plan map out services provided directly by schools to support emotional wellbeing and MH? Are these co-ordinated with services commissioned by CCGs and Local Authority?	Fully Confident		Throughout - vision	
Does the LTP include work underway with adult MHS to link to liaison psychiatry in line with the requirements in the Five Year Forward View for Mental Health for CCGs to commission improved access to liaison mental health services?	Fully Confident		Section 4 - 4.6 and Section 5 - 5.2	
Does the LTP include joint agencies sustainability plans going forward beyond 2020/21?	Partially Confident		Section 4 and section 5	
	Partially Confident		Section 6	
4. Workforce	Rating	Overall confidence levels	Comments	
Does the LTP include a multi-agency workforce plan or align with wider STP level workforce planning?	Partially Confident		Section 5 - 5.6 and Appendix 10 and 11	
Does this include schools and colleges?	Partially Confident		Section 5 - 5.6 and Appendix 10 and 11	
Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?	Partially Confident		Section 5 - 5.6 and Appendix 10 and 11	
Does the workforce plan include CPD and continued training to deliver evidence based interventions (e.g. CYP IAPT training programmes), including resources to support this?	Partially Confident		Section 5 - 5.6 and Appendix 10 and 11	
Does the plan include additional workforce requirements? E.g. to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care and dedicated eating disorders services where this is not already in place?	Fully Confident		Section 5 - 5.6 and Appendix 10 and 11	
Does the workforce plan detail how it will train staff in skills to work with children with specific needs e.g. children and young people with learning disabilities, autism or both, ADHD, and communication impairments?	Partially Confident		Section 5 - 5.6 and Appendix 10 and 11	
Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges, and detail how the plans will increase capacity and capability of the wider system?	Fully Confident		Section 5 - 5.6 and Appendix 10 and 11	
5. Collaborative and Place Based Commissioning	Rating	Overall confidence levels	Comments	
Does the LTP include concrete plans to develop and implement joint place based commissioning (between CCGs and specialised commissioning) for integrated urgent and emergency care, including admission avoidance?	Partially Confident		Section 7 - 7.3	
Does the LTP include the CYPMH pathway across an appropriate footprint, demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?				
Is the role of the STP reflected in joint place-based commissioning plans?	Partially Confident		Section 7 - 7.3	
Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?	Fully Confident		Section 7 - 7.3	
6. Health and Justice	Rating	Overall confidence levels	Comments	
Does the LTP detail how it is ensuring that there is full pathway consideration for CYP in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those:	Fully Confident		Section 4 - 4.3, Section 5 - 5.4 and Appendix 3	
- within and transitioning to and from the Children and Young People Secure Estate on both welfare and youth justice grounds				
- receiving specialist or forensic CAMHS (specifically high risk young people with complex needs)				
- Interacting with liaison and diversion services				
- presenting at sexual assault referral centres (SARCS)				
- in crisis care related to police custody				
7. Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)	Rating	Overall confidence levels	Comments	
Does the LTP evidence where CYP IAPT and its principles have been embedded across local CYP MHS in all sectors? These include:				
- collaboration and participation				
- evidence-based practice				
- routine outcome monitoring with improved supervision	Fully Confident		Section 4 - 4.11 and Section 5 - 5.5	
Are there local arrangements in place to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?	Fully Confident		Section 4 - 4.11 and Section 5 - 5.5	

Are there sustainability plans for CDP to ensure existing and new staff continue to be trained in evidence based interventions?	Partially Confident		Section 4 - 4.11 and Section 5 - 5.5
8. Eating Disorders	Rating	Overall confidence levels	Comments
Does the LTP identify current performance against the Eating Disorder Access and Waiting Time standards and show improvement from the baseline measure?	Fully Confident		Section 4 - 4.12, Section 5 - 5.1 and Section 7 - 7.4.7
Where relevant, does the plan clearly state which CCGs are partnering up in the eating disorder cluster?	Fully Confident		Section 4 - 4.12 and Section 5 - 5.1
Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England's commissioning guidance?	Fully Confident		Section 4 - 4.12 and Section 5 - 5.1
Is the CEDS signed up to a national quality improvement programme?	Fully Confident		Section 4 - 4.12 and Section 5 - 5.1
9. Data - access and outcomes	Rating	Overall confidence levels	Comments
Does the LTP recognise the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow data for key national metrics in the MH Services Data Set (MHSDS)? Does it set out clear expectations on all commissioned providers to flow data directly or via a lead information provider?	Fully Confident		Section 7 - 7.5
Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	Fully Confident		Section 7 - 7.5
Is there evidence local areas are implementing routine use of outcomes monitoring as recommended by CYP IAPT principles? And is there evidence of a plan to increase the number of paired scores in the MHSDS?	Fully Confident		Section 7 - 7.5
Is there evidence in the LTP that data on key ambitions like access (and ED) are routinely monitored and used?	Fully Confident		Section 7 - 7.5
Is there evidence of the use of local/regional data reporting and use to enhance local delivery e.g. local CYPMH dashboards?	Fully Confident		Section 7 - 7.5
Is there evidence the Clinical Network or other expertise have been part of discussions on improving data and reporting?	Fully Confident		Section 7 - 7.5
Does the LTP include evidence that all providers commissioned by the CCG are flowing accurate data?	Not confident		Section 7 - 7.5
If not is there a plan described to ensure this happens?	Fully Confident		Section 7 - 7.5
10. Urgent & Emergency (Crisis) Mental Health Care for CYP	Rating	Overall confidence levels	Comments
Does the LTP identify (a) that there is a dedicated 24/7 urgent and emergency mental health service for CYP and their families in place or (b) that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	Partially Confident		Section 5 - 5.3
If no, does the LTP identify that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	Partially Confident		Section 5 - 5.3
Is there evidence that reasonable adjustments are being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people particularly those with learning disabilities, autism or both?	Partially Confident		Section 5 - 5.3
Is there evidence that the urgent and emergency mental health care for CYP has locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families, including monitoring their experience and outcomes?	Partially Confident		Section 5 - 5.3
11. Integration	Rating	Overall confidence levels	Comments
Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?	Fully Confident		Section 5 - 5.9
12. Early Intervention in Psychosis (EIP)	Rating	Overall confidence levels	Comments
Does the LTP identify an EIP service delivering a full age-range service, including all CYP over the age of 14 experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?	Fully Confident		Section 3 - 3.2
13. Green Paper	Rating	Overall confidence levels	Comments
Has the site applied to be a trailblazer site?	Not confident		Section 5 - 5.2
If not, is there a plan to apply in future years?	Fully Confident		Section 5 - 5.2
Is there evidence of how this will integrate with the existing transformation plan?	Fully Confident		Section 5 - 5.2
14. Other	Rating	Overall confidence levels	Comments
The LTP is a five-year plan of transformation. Does the plan include: - a transformation road map - examples of projects which are innovative and key enablers for transformation - examples of how commissioning for outcomes is taking place?	Partially Confident		Section 7
Does the plan highlight key risks to delivery, controls and mitigating actions? E.g. workforce issues, procurement of new services not being successful or delayed, issues related to MHSDS and flow of local data? Where risk had been identified is it highlighted within this plan?	Fully Confident		Section 8
Does the plan highlight innovation that can be shared as 'best practice'? In particular: digital innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma, and promoting MH prevention and treatment?	Fully Confident		Section 7 - 7.2
Does the plan state how the progress with delivery will be reported, encouraging the transparency in relation to spend and demonstration of outcomes?	Fully Confident		Section 7
Does the plan show how funding will be allocated throughout the years of the plan?	Fully Confident		Section 7

