

Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing

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Produced by: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS Dartford, Gravesham and Swanley CCG, NHS Medway CCG, NHS South Kent Coast CCG, NHS Swale CCG, NHS Thanet CCG, NHS West Kent CCG and Kent County Council.



Foreword by Andrew Ireland

In September 2014, partners on Kent Children's Health and Wellbeing Board published the first part of a new Emotional Wellbeing Strategy for children, young people and young adults. This document set out a framework of four key outcomes, based on national and local research and early consultation activity with families and professionals, and made the commitment to translate these principles into a multi-agency transformation plan, ready for 2015.

The recommendations we made laid the foundations for **a new system of support that extends beyond the traditional reach of commissioned services**, recognising that promoting and protecting the emotional wellbeing of our children and young people is far bigger than any individual organisation. To this end, the emotional wellbeing strategy and the initial Transformation Plan has successfully brought together a wide range of partners to achieve their aims. This has included the Kent NHS Clinical Commissioning Groups and Kent County Council working collaboratively to deliver a new Child and Adolescent Mental Health Service for 2017. This service will improve outcomes for those children with specialist mental health needs and, importantly, ensure improvements are driven across the whole system. In addition, the investment from the Transformation Fund has been invested in innovative projects engaging new partners in our efforts to change systems and intervene at the earliest opportunity.

This **refreshed Transformation Plan** provides an overview of the partnership's progress delivering our commitment to sustainable whole system change. We have also taken this opportunity to reflect on our achievements so far and consider how exciting developments, such as the Big Lottery HeadStart programme, will enhance and help steer our efforts moving forward. Our plans for the future have been informed by this knowledge and are further strengthened by the ever closer working of the partnership.

Andrew Ireland

Chair of Kent Children's Health and Wellbeing Board

October 2016

Foreword by Dr David Grice

Over the last two years children, young people, professionals and partners have been working locally and across CCGs to grapple with the complex and challenging issues of mental health and wellbeing. We have looked at local and county-wide needs, provision and good practice and have developed and designed a new whole-system for Kent which puts children, young people and young adults at the heart of services. We are delighted that the testimony we had gathered from Kent children and young people was considered in the drafting of the Department of Health and NHS England publication of 'Future in Mind'.

The model which we have developed fits with the principles and approaches articulated within Future in Mind. We are committed to delivering a model which transforms how we see and how we respond to mental health and wellbeing for our whole population. Transformation will be systemic and will deliver cross-cutting solutions across organisational and geographic boundaries. The key areas of transformation within our plans are to:

- **Increase the role of Universal services** to challenge stigma and deliver good emotional wellbeing at every opportunity. We are investing in schools, school nursing, health visitors, voluntary sector, families and children to build resilience and parenting skills. We are delivering evidence-based programmes across Kent designed to reduce self-harm and risk-taking behaviour in targeted groups of young people following a successful local pilot.
- **Invest in early intervention** to ensure that children and young people are able to access the right service at the right time. We will be investing new money into a Kent-wide resource of mental health practitioners within Early Help services to support children and young people who do not have a medical diagnosis.
- **Deliver services and support from birth to 25**, ensuring that support is no longer shaped by a cliff-face at age of 18 but responds to the individual needs of a young person as they follow their own unique path to adulthood¹. We are working towards moving existing resource and contracting arrangements over the next five years to achieve true 0 – 25 services.
- **Meet the needs of our vulnerable populations**, ensuring evidence-based and effective interventions for our Looked after Children, care leavers, disabled children, young offenders and those with complex needs. We have invested in supporting our significantly expanded Unaccompanied Asylum-Seeking Children population.
- **Improve access.** Research is increasingly showing the long-term effects of emotional and mental health problems occurring during childhood and adolescence, and the cost-effectiveness of good access to appropriate support. We are working to develop streamlined access for children and young people

¹ A priority within: *Closing the gap: priorities for essential change in mental health (DOH, 2014)*

with emotional wellbeing and mental health needs and their family/carer by introducing a Single Point of Access.

This refresh of the Transformation Plan sets out how we have begun to meet the challenge. This document will be republished before the end of 2016, so that the Kent public can better understand and engage with what we have achieved and further intend to do. We will work to keep everyone informed and will continue to update and implement the Plan.

Dr David Grice

Member of the Emotional Wellbeing Steering Group for Kent and Clinical Lead for Children's Mental Health across East Kent CCGs

October 2016

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1. Introduction

Updated October 2016

This plan was originally published in December 2015, and shortly afterwards we were able to publish a children and young people's version which is available on CCG websites.

Since December 2015, partners across Kent have worked hard and fast to deliver our commitments and to continue to meet the challenge of how to transform children and young people's emotional wellbeing and mental health services radically and permanently. Partners in Kent have a vision to deliver a forever-changed, dynamic and responsive system for the children, young people and young adults in Kent.

Over the past year, the strategic and financial environment has changed too. We are developing our Kent and Medway Sustainability and Transformation Plan (STP) which is a plan for the next five years on how the whole health system must change in order to deliver the right care to everyone. The STP is a fundamental driver for long-term change and this Transformation Plan has been updated with that in mind.

We have now updated this document to highlight what we have achieved in the last year, what our plans are for the next few years and how we hope to achieve fundamental change in Kent. Some parts of this document have remained as originally published in 2015. If you are familiar with this document and would like to just review the sections which have been significantly changed or updated, we recommend that you go to:

[Section 7](#) – Highlights of progress since December 2015

[Section 8](#) – Initiatives delivered in 2016

[Section 9](#) – Transformation Implementation for 2016/17 onwards

[Section 11](#) – Finance and Investment

[Section 12](#) - Communications

Throughout this document we have described our transformational approach and how that approach will inform the next five years of investment and service change.

What makes our plans transformational?

We are ambitious for our children, young people and young adults and we are determined to achieve the outcomes that children and families have asked us to achieve (See Figure 1 overleaf).

We want to achieve it together and across the system. Kent has developed strong partnership arrangements locally and cross-county, which will support long-term change.

We will work incrementally but with focus. We acknowledge that there is much to deliver and we will work to implement change quickly with the end-goal in mind.

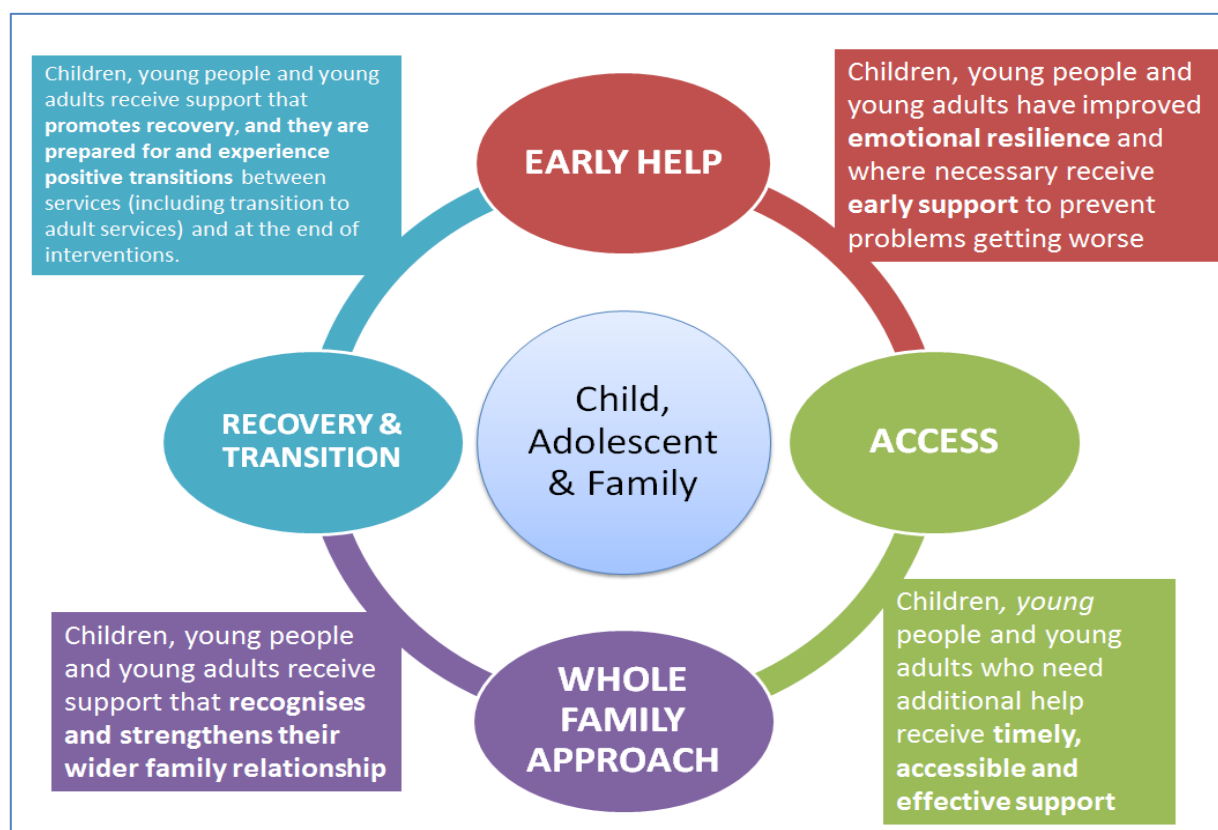


Figure 1

2. Mental Health and Wellbeing in Kent

Kent is a large county with one county-council (Kent County Council), 12 district councils and seven Clinical Commissioning Groups (CCGs). There are over 600 state-funded education establishments across the county. Although almost three-quarters of the county is rural, the majority of people live in Kent's towns.

Kent facts and figures:

- According to the Children and Adolescent Mental Health Services Needs Assessment (*Appendix 1*) for Kent (2015), there are 365,200 children and adolescents aged 0 to 19 in Kent, making up nearly a quarter (24%) of the county's total population of 1.48 million, the largest population of *all* English counties. Kent's population is largely of white ethnic origin, making up 90.6% of children and adolescents. This is higher than the national figure of 78.9%.
- Kent is ranked amongst England's least deprived third of local authorities at 100th of 152 county and unitary authorities, with 152 being the least deprived and one being the most deprived. Six percent of Kent's 902 Lower Super Output Areas (LSOA) are amongst England's *most* deprived 10% in IMD 2015, with over 50,000 children aged 0 to 18 in Kent living in households with a benefit claimant out of work².

It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. Young people who are not in education, employment or training report particularly low levels of happiness and self-esteem. One in 10 school-aged children (three in every class) has a diagnosable mental health condition. It is estimated that there are approximately 14,254 children aged two to five years inclusive living in Kent who have a mental health disorder, as studies in children aged two to five years inclusive found that the average prevalence rate of any mental health disorder in the age group was 19.6%³. Emotional and conduct disorders are the most common mental disorders.

Therefore, it is estimated that 20,585 children and young people aged between 5-16 years have a mental health disorder in Kent. Approximately one in three young people aged between 16 and 24 have a mental health disorder with rates for obsessive-compulsive disorder, attention deficit hyperactivity disorder (ADHD) and eating disorders being the highest.⁴

² The Indices of Deprivation 2015: Detailed findings for Kent July 2015.

³ Egger H.L. and Angold A. (2006) Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47(3-4): 313–37

⁴ McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R. (2009) Adult Psychiatric Morbidity in England, 2007: Results of a household survey. London: The Health and Social Care Information Centre. <http://www.hscic.gov.uk/pubs/psychiatricmorbidity07> Accessed 28 November 2014

The estimates indicate that about 29,000 of young adults aged 16 to 24 in Kent have experienced a common mental health disorder, and that about 3,600 young people in this age group have experienced a depressive episode.

The Kent Children's Needs Assessment also states that the prevalence of mental health disorders of Looked after Children (LAC) is 45%, which means that there are 876 Kent LAC and 596 children and young people from other local authorities placed in Kent with a mental health disorder.

Taking the best estimates available (Kurtz and Campion & Fitch) – the current Needs Assessment estimates:

- there may be between 32,000 and 48,000⁵ children in Kent in need of Tier 1 (Universal) services
- the figure for Tier 2 (Targeted) services is in the region of 22,000
- the estimate for Tier 3 (Specialist) services ranges from just under 6,000 to nearly 10,000
- the estimate for Tier 4 (Crisis) services ranges from 243 to 1,524

⁵ Aged 0-17 years old

3. National and local framework

This issue is clearly of national concern. A national task group set up by Norman Lamb, the then Minister for Care and Support, reported similar concerns to those in Kent. This Transformation Plan for Kent strategically fits with work across the country in improving children's mental health and wellbeing provision. It strategically aligns with the NHS 5-Year Forward View for Mental Health, the 49 recommendations of Future in Mind, the Kent and Medway Crisis Care Concordat and KCC Transformation Programme for 0-25 years old.

Development of the Children, Young Person and Young Adults' (0-25) mental health and wellbeing Transformation Plan is fully in line with both national and local strategies and policies. Government recently outlined the new Mental Health Action Plan. This sets out the top 25 areas where Government want to see immediate action to ensure equality for mental health and increase access to the best-possible support and treatment.

The Kent Sustainability and Transformation Plan (STP) is a key driver for change and improvement across services for children and young people. The Kent STP helps to focus this plan on improving quality and delivering financial efficiency and provides a mandate for a focus on prevention and early intervention. Children and young people's mental health transformation has enabled us to work together to enhance services and in this way, models the STP ambition of partnership approach to finding solutions for local communities.

This Transformation Plan has been developed in line with the following key national policy and guidance (*this list is not exhaustive*):

- No Health without Mental Health. Department of Health (2011)
- Talking Therapies, a 4-year plan. Department of Health (2011)
- Closing the Gap. Department of Health (2014)
- NHS and Social Care Act (2011)
- Children and Families Bill (2013)
- Mandate to Health Education England
- Chief Medical Officer's Annual Report on State of Public Health (2014)
- Behaviour and Discipline in Schools, Department of Education (2014)
- Public Services (Social Value) Act 2012
- Achieving Better Access to Mental health Services by 2020
- Five Year Forward View
- Forward View into action: Planning for 2015/16 guidance.

This Transformation Plan links to the following **NICE Quality Standards** and will continue to be reviewed upon the publication of further guidance (*this list is not exhaustive*):

- Health and wellbeing of Looked after Children and young people
- Self-harm
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression in children and young people
- Autism
- Autism diagnosis in children and young people
- Anxiety disorders
- Interventions to reduce substance misuse among vulnerable young people
- Antisocial behaviour and conduct disorders in children and young people: pathway
- Eating disorders
- Borderline personality disorder
- Psychosis and schizophrenia in children and young people
- Challenging behaviours and learning disabilities
- Supporting people with a learning disability and / or autism who have a mental health condition or display behaviour that challenges.

As well as the following additional guidance on quality standards:

- Implementation of the Access and Waiting Time Standards for Mental Health Services 2015-16
- Quality Network for Community CAMHS Standards
- Quality Network for Inpatient CAMHS Standards
- Youth Wellbeing Directory and ACE-V Quality Standards
- Child Outcome Research Consortium (CORC)
- Choice and Partnership Approach (CAPA).

The emotional wellbeing of children and their families is of huge importance for Public Health. Children and young people who feel good about themselves, and are confident and optimistic about their future, will be better equipped (and more resilient) to deal with and adapt to the inevitable stresses that life can present.

Robust evidence suggests strong links between mental health difficulties in early life with a series of poor outcomes for children and young people, including education and employment opportunities. Ultimately this can lead to financial, social and health inequalities in later life.

We welcome the strong partnership approach in this work across Kent, and this great opportunity to put health promotion, early intervention, and prevention of ill health at the heart of our approach.

Andrew Scott-Clarke
Director for Public Health, Kent County Council, September 2016

4. Local arrangements before Transformation

Health and KCC work to a model where West Kent CCG is the lead commissioner for the targeted Tier 2 and 3 Child and Adolescent Mental Health Services contract. KCC and each individual CCG remain accountable for the commissioning of children and young people's mental health at their local level.

In April 2014, the Kent Health and Wellbeing Board (KHWB) identified that mental health and wellbeing provision for children and young people was not adequate to meet both the demand in numbers of children and young people requiring support and how that support needed to be delivered.

This prompted a review of the services which found:

- disparity between how schools support children and young people and the staff approach to building resilience.
- numerous contact points and disjointed services.
- too much focus on the Tiers of service rather than the needs of the child or young person.
- lengthy waiting times from assessment to treatment.
- high numbers of cases not meeting the referral threshold and inconsistent support to young people around transition.

This was further exacerbated by new data which indicated:

- a rising number of inappropriate referrals.
- children falling through gaps between services (particularly 8-11 ASC/ADHD).

Children, young people and young adults told us that:

- the current service care pathway feels impersonal and has long waiting times.
- they would like to be able to talk to someone straight away, with knowledge and who can arrange an appointment for them.
- they would like us to make good use of technology i.e., to receive confirmation of their appointment by text message, have websites to access for support, plus online forums.
- they would like local ongoing support through use of youth centres and local drop-in sites.

A whole system agreement was reached that a new approach to children, young people and young adults' mental health and wellbeing in Kent was urgently needed.

5. How the Plan has been developed

Development of the Transformation Plan has been driven by a real desire to engage with and listen to the views of children, young people, families and professionals of all backgrounds. Over 650 contributions have been received since June 2014 via a range of online surveys, workshops, and engagement events. The amount of interest and quality of responses given by such a wide cross-section of the local population and workforce underline the importance of this agenda, both at a strategic level and in the everyday experience of families in Kent.

A wide range of strategic and local engagement has been maintained throughout the past two years, including partnership with a range of multi-agency forums, including Kent Health and Wellbeing Board, Children's Health and Wellbeing Board, Health and Social Care Cabinet Committee, Clinical Commissioning Groups, Mental Health Action Group Chairs, local Health and Wellbeing Boards, patient involvement forums, and Children's Operational Groups.

It is important to stress that we have been working collaboratively on the issue of mental health and wellbeing for children, young people and young adults for some time. We have produced robust documents which provide the strategic framework for us to operate which are included in the [Appendix](#) of this Plan. These documents demonstrate the significant foundations we have built in Kent to be ready for long-term and sustainable Transformation.

6. Whole System Model for Transformation

A description of the original commitments from December 2015 version of the plan

In order to deliver the Kent Transformation Plan, all key partners have agreed responsibility for their parts of the system and so, accordingly, are using their own resource to implement long-term and sustainable change. For example, KCC are investing in mental health provision realising that in doing so they will impact on the pressure that has previously been a 'Health' concern for specialist services. KCC are doing this within the framework of the Transformation Plan and, by doing so, more children, young people, young adults and partner agencies will benefit.

The Whole System Model illustrates how schools, local communities and specialist services will work in a more integrated way, and how emotional wellbeing will be promoted and embedded in all aspects of the model which will include a multi-agency communications strategy.

- There will be a Single Point of Access / triage pathway model across emotional wellbeing, early intervention and mental health services.
- There will be an increased availability of consultation from trained mental health practitioners to schools, Universal settings and other partners.
- A 'whole family' protocol will be developed, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child's emotional wellbeing. The system will adopt a 'think family' approach.
- Children will be kept safe via the effective implementation of multi-agency tools and protocols that identify children and young people who have been affected by Child Sexual Exploitation (CSE), and they will get rapid access to specialist post-abuse support.
- There will be a clearly defined 'step down' pathway, with partnership agreement in place between services, to ensure that following an intervention, progress can continue to be sustained within Early Help or Universal services, supported by specialist consultation where needed.
- There will be targeted outreach and assessment of mental health needs for the most vulnerable groups, including children in care and young offenders for whom the greater majority (60 – 70%) will have a diagnosable mental health disorder and/or speech, language and communication needs (which can present as behavioural difficulties and be misdiagnosed).

- There will be clear pathways for assessment and treatment of children and young people with neurodevelopmental difficulties (including ASC and ADHD) to ensure that they (and their families) can access support within the community. This will include a strategic multi-agency approach to deliver the Winterbourne View Concordat for disabled children and young people with an ASC with a learning disability / mental health need and challenging behaviour.
- There will be an improvement in the provision of support for children and young people in a crisis by working across the system to prevent crisis happening where possible, meeting the needs of young people in urgent situations and supporting them to move towards recovery.
- There will be an increase in provision in Early Help and Preventative Service for children who have complex needs but may as yet be undiagnosed.

Universal: Universal settings, particularly schools, play a crucial role in supporting children and young people to be resilient and emotionally healthy, identifying children or young people who show early signs of difficulty, and knowing when and how to request additional support. Many schools in Kent place real emphasis on whole-school approaches to emotional wellbeing, and offer additional pastoral support, counselling, or therapeutic services. We will support these efforts and continue building capacity and skills, as well as knowledge of what is available locally and how to access it, among the children's workforce.

KCC will be commissioning new services to support the Whole System Model, which will support and enhance the provision of information, advice and guidance to schools and other Universal services, which build the effort across Kent to promote good emotional wellbeing and resilience in children, young people and their families. This will include the promotion of:

- Social marketing campaigns which deliver messages with the aim of improving young people's self-awareness of their own resilience and wellbeing.
- Development of the KCC website for both children and parents to ask questions on emotional health and wellbeing and links to relevant services.
- Support and promotion of the HeadStart programme and whole school approaches to curriculum and development of extra- curricular activities.
- Further development of the use of the Resilience Domains tool approach.
- The new model service model for School Public Health will build in capacity to support individual young people, and work to implement whole school approaches to emotional health.

Drawing on the work from Young Minds and Resilience Domains, HeadStart's 'place'-based toolkit will enable Universal services including schools and youth hubs to self-assess with their leadership teams, staff, young people and parents, and identify areas

for development. It will be based on the Public Health paper '*Promoting Children and Young People's Health and Wellbeing; A Whole School and College Approach*' which provides key actions which schools and colleges can take to ensure a whole school/college approach is embedded when promoting and supporting children and young people's emotional health and wellbeing. This paper uses the Ofsted framework and The National Institute for Health and Care Excellence (NICE) guidelines to emphasise the importance of comprehensive health and wellbeing promotion and support.

Early Help: The vast majority of children and young people will not need any additional support beyond the reach of Universal services – however, it is estimated that approximately 15% (34,000) in Kent will display a higher level of need. Many of these can be supported by KCC Early Help services, which seek to minimise the risks of problems occurring (particularly among at-risk groups) and to act quickly to improve outcomes where there are signs of difficulty.

Accordingly Early Help will be commissioning new mental health capacity worth £1.2 million within Early Help services. This will form part of the Whole System pathway designed to meet the emotional wellbeing and mental health needs of children and young people within the context their family. The services will be delivered by staff with relevant mental health skills and qualifications. Staff will be based:

- in KCC Early Help units;
- in mental health hubs; and
- within/attached to the KCC Early Help Triage, which will form the Single Point of Access (SPA) for mental health referrals.

Vulnerable groups: Some young people will remain at particularly high risk of emotional ill-health due to ongoing circumstances in their lives, including children in care, those with learning difficulties or disabilities, children of parents with mental health or substance misuse problems, and young carers. Of these groups, statistics indicate that, in Kent, we particularly need to secure more support for children in care/care leavers and young offenders. The recent Kent Joint Strategy Needs Assessment (JSNA) for children and young people's mental health found that:

- there are around 2,737 children in local authority care in Kent (almost half are from outside Kent). The majority of these children are aged 15-18 (above the national average). 60% of all children in care were boys although the proportion of girls is rising slightly. If applied to Kent's Looked-After Children (LAC), this totals 1,192 children (based on 2010 data) with some diagnosable mental health problem.
- in 2007 there were 250 children in residential care in Kent (ChiMat 2011). The percentage of children having a mental disorder in residential care is 72% indicating that 180 of these young people needed psychiatric support.

All Kent CCGs agreed to prioritise the mental health and wellbeing needs of a newly expanded population of Unaccompanied Asylum Seeking Children (UASC) by investing in mental health provision alongside the Initial Health Assessment function, so those who have experienced trauma, torture and significant stress can be directed to receive the appropriate interventions.

Specialist: These services exist to meet the needs of children, young people and young adults experiencing acute or prolonged periods of complex emotional, behavioural or relationship difficulties. Our local Needs Assessment in Kent suggests that we particularly need to place more focus on the following groups and provide earlier interventions:

- Presentation of self-harm at A&E among the 16-24 year old group so therefore we have invested across all 7 Kent CCGs in the early intervention Mind and Body evidence-based programme to identify young people with risky behaviour and to work with them to better manage this.
- The predicted high number of children with ASC, which is a particular problem in East Kent CCGs as a result of historic commissioning arrangements. Therefore, Kent CCGs invested funding to close the ASC gap and to manage the significant backlog and waiting lists.

“Early Help and Preventative Services (EHPS) are committed to support emotional health concerns in schools and community settings using family approaches and individual work. EHPS investment will make sure that we build capacity in schools, and other Universal settings will be supported to focus practice on the importance of resilience and the identification of early signs of distress. Our commitment will enable Child and Adolescent Mental Health Services (CAMHS) clinicians to work in community settings, alongside Early Help Units, to upskill other workers and deliver systemic interventions for children who have additional and complex needs but do not meet the threshold for CAMHS psychiatric services. Recognising that many emotional wellbeing issues are present within families and affect family dynamics, these workers will take a whole family approach to improving the child’s outcomes.

This alignment with CAMHS commissioning enables us to develop one model across Public Health, CCGs, Social Care and EHPS and will place responsibilities on providers to ensure that no child is left unsupported at whatever level of need they have, regardless of their legal status. This new proposal confirms Emotional Health and Wellbeing as ‘everybody’s business’ and this transformative work is an exciting and innovative partnership approach to systems re-designs.”

Florence Kroll

Director of Early Help and Preventative Services, Kent County Council Sept 2015

7. Highlights of progress since December 2015

Kent CCGs have been working closely together and with the wider partnership, in particular the Local Authority, to coordinate their efforts to implement the key elements stated in the published plan to deliver long-term and sustainable change.

As the governance structure denotes in Section 10, each CCG area in Kent (East, North and West) has a Local Implementation and Delivery Project Team. These oversaw the stated programmes of work for 2015/16 and are overseeing work in 2016/17. Each group has carefully monitored the performance of all projects, to ensure that they are delivering to their specifications, to understand outcomes and to begin to assess whether they have delivered/will deliver the long term change required by Transformation. The progress has been brought together at the county-wide Transformation Oversight Board. To reflect the essential requirement for partnership in Transformation, the Board is chaired by the Head of Commissioning for Mental Health and Children at West Kent CCG and the Consultant in Public Health with a lead for Child Health from KCC. The Board reports to the Kent Health and Wellbeing Board.

The Board quickly identified that, in Kent, the key to achieving long term, whole system sustainable change was to explore the totality of the opportunities presented by not only the Transformation Plan and its implementation but the other strands of work related to children's mental health occurring in Kent at the same time. Those strands were:

- The re-procurement of the CAMHS service including the development of the Single Point of Access
- The re-procurement of the School Public Health Service (school nursing) with an enhanced Universal emotional wellbeing offer alongside a school embedded Tier 2 service
- HeadStart Kent, a Big Lottery funded programme in Kent for £10 million pounds over 5 years to explore new ways of increasing resilience and emotional wellbeing

The Transformation Oversight Board held a workshop for key partners in August 2016, which was attended by over 30 people from across the system. This workshop explored the relationships and overlapping themes of the different programmes and provided key links between the programmes and emphasised where going forward Transformation funding could be used to greatest impact. The findings from this workshop have informed the detail of the refreshed Transformation Plan moving forward, and highlighted the need for coordination across the different programmes to ensure that maximum benefit is achieved across the whole system. This will be implemented through an oversight function across all the programmes related to Children and Young People's mental health.

8. Initiatives delivered in 2016

During the 2015/16 financial year, Kent CCGs commissioned a series of projects with the aim of bringing innovative services and support to children, schools and families as well as the wider system. This section outlines the recent delivery of implementation plans for each health economy to deliver transformational change for children and young people's emotional and wellbeing services in Kent.

- **Reducing the commissioning gap for Autistic Spectrum Condition and Attention Deficit Hyperactivity Disorder**

Due to the historic commissioning gap for neurodevelopmental assessment for children aged 8-11 years, East Kent CCGs agreed to fund additional provision, through an alternative provider (Psicon), to reduce both the waiting list and to allow provision for new referrals in 2015/16 in line with the proposed procurement timetable for CAMHS and the neurodevelopmental pathway.

East and North Kent commissioned Expert Parent Carer Programme workshops to support parents/carers of children and young people with conditions including ASC and ADHD. Central to the Expert Training Programme is a 4-hour training session delivered by experienced parent trainers that develops parents' knowledge and confidence when dealing with the health system. The face-to-face training is supported by 3 e-learning modules that explain more about personal health budgets, how the NHS is structured, and how to constructively give feedback. Parents can also access a range of online resources including practical guides to working with health professionals and information on specific health conditions.

- **Waiting time initiatives**

West Kent has experienced long waiting times for the CAHMS service and in 2015/16 there were 459 children and young people on the waiting list, with the average wait being 14.5 weeks. Over the past two years there has been investment with the current CAHMS provider to sustainably reduce these waits and ensure children and young people are supported by the right professional in a timely manner. The current waiting list is 134 with the average waiting time 5 weeks. West Kent is now investing in reducing waiting times for ASD. There were 201 on the waiting list for ASD in 2015/16 (with an average wait of 166 weeks). Currently there are now 120 on the waiting list for ASD, with the longest waiting time being 28 weeks.

- **NHSE Health and Justice – Thanet Youth Taskforce**

Thanet CCG have been successful in a bid to NHSE Health and Justice for a project that works with young people and young adults (14 to 21 years) who are at risk or have offended and have a mental health need. The project is delivered through an integrated team made up of a number of specialisms and will use innovative data analytics to identify young people and young

adults most at need. The innovative project has already attracted interest from a number of wider agencies with increasing interest in match-funding the model.

- **Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)**

All eight Kent and Medway CCGs have formed a Kent and Medway partnership under the London and South-East Collaborative for children and young people's IAPT. We are committed to the principles of collaboration and participation, evidence-based practice and routine outcome monitoring. The current CAMHS provider and a voluntary provider have joined the partnership and have identified staff for the NHSE funded training due to start between November 2016 and January 2017. Further providers will be contacted during the year for inclusion in the 2017/18 cohort. CCGs have committed to allocating Transformation funding to children and young people's IAPT going forward to ensure providers have trained staff within their teams and are working to the children and young people's IAPT principles.

- **The 'Good Mental Health' campaign**

All eight Kent and Medway CCGs commissioned a county-wide campaign to promote 'Good Mental Health' and raise awareness of issues surrounding mental health and wellbeing for children and young people, with a particular focus on the secondary school age group and parents/carers. This included: delivery of a guide to all homes in Kent and Medway; a two-week radio campaign; a website to signpost users to existing services; an interactive stand with a 360° video promoting good mental health that visited four shopping centres/leisure sites. In the 2016/17 academic year, thirteen schools across the county will receive a visit from the interactive stand. In addition to over 750,000 homes receiving a copy of the guide, nearly 800 people visited the stand at the four events. To measure the campaign's impact, visitors were asked to complete a short survey which included questions around what they had learnt. Feedback about the campaign was mostly very positive, with many parents providing anecdotal feedback at the stand about how it had enabled them to discuss mental health with their children. Survey results also showed that people had learnt ways to keep mentally healthy.

- **Reducing anxiety of attending appointments**

East, North and West Kent CCGs commissioned the current CAMHS provider to produce a series of virtual tours of CAMHS clinics to assist in reducing the number of children and young people not attending appointments. The tours were designed to help improve the experience of children, young people and families referred to their services by giving them an opportunity to look online at the clinic they would be visiting before their first appointment which could help reduce anxiety and stress.

- **Prevention and early intervention programmes**

East, North and West Kent commissioned the Mind and Body programme, recognising the challenge and need to support schemes to get young people who self-harm early access to services in their communities with properly trained teams, making hospital admission a last resort. The programme was presented at school assemblies where children and young people were invited to complete a screening questionnaire to identify those at risk of self-harm or other risk-taking behaviours. Those identified as suitable for the programme were invited to take part in one-to-one and group sessions. Afterwards, children and young people complete a follow-up questionnaire as well as a further two group sessions, to measure the effectiveness of the programme. Outcomes from the first cohort of students will be available in October 2016.

Canterbury and Coastal CCG commissioned a training session run by selfharm.co.uk for mentors working in local secondary schools. It provided an understanding of key steps to help young people reduce self-harm, looked at alternative coping strategies, and provided a good knowledge of physical and emotional indicators of self-harm.

Thanet and West Kent CCGs commissioned Place2Be to work with primary school communities in improving the mental health of children and families. Place2Be's service included: one-to-one counselling for children with the most urgent needs; a lunchtime self-referral service available to all children; group work with children in areas such as bullying, self-esteem and supporting transition from primary to secondary school; support for parents/carers; and, support for teaching staff.

- **Young Healthy Minds**

DGS CCG has commissioned the 'Incredible!' programme from Young Healthy Minds to provide additional support to children and young people and families with Autistic Spectrum Condition (ASC). The programme is aimed at children aged 4 – 12 who have been diagnosed with, or are suspected of having, an ASC and for their parents, to assist them to support their child. There are two programmes within the project, the 'Incredible Me' (for the child) and 'Incredible Years' (for the family) which run in parallel. There are 8 Incredible Me sessions for 18 children and 3 Incredible Years programmes of 12 sessions for up to 36 parents/carers of the Incredible Me participants. There will also be a Family Event including all those engaged in both programmes to Forest School or Farm to encourage development of support network, modelling of good practice and celebration of achievement ceremony.

- **Unaccompanied Asylum Seeking Children (UASC)**

All Kent CCGs commissioned Sussex Partnership NHS Foundation Trust (SPFT) to develop a pilot scheme to implement a clinical and holistic network approach to an identified cohort of Unaccompanied Asylum Seeking Children (UASC). The proposed network promotes resilience and prevents escalation of mental health concerns through early interventions delivered by people known to the child. It has improved access to the right support at the right time, and supports clinicians to give appropriate care for this vulnerable group of children. It will also develop a competent workforce. The project has been well received, with some elements receiving national and even international acclaim. A link to the support website created as part of this project received over 4,000 retweets, and the project team were invited to attend a meeting about UASC at The House of Lords.

- **The HeadStart Kent Project**

The HeadStart Kent Project (see [Appendix 25](#)) aims to build young people's emotional resilience by equipping them to deal with difficult circumstances in their lives and improve their wellbeing and mental health. Over the last two years as part of a pilot project, HeadStart Kent has been working to promote early support through young people's experiences at school, in their local community, in their relationship with family members at home and their interaction with digital technology. This learning has influenced the thinking around the whole CAMHS system within Kent. The mission of HeadStart Kent is that "by 2020 Kent young people and their families will have improved resilience, by developing their knowledge and lifelong skills to maximise their own and their peers' emotional health and wellbeing; so as to navigate their way to support when needed in ways which work for them." HeadStart Kent will focus on building a sustainable system where every young person in Kent will be able to have their say with confidence.

- **Early intervention in psychosis**

The County-wide planning group for EIP includes membership from NHS England. This is working towards 100% compliance for both access and NICE recommended treatment to deliver a full age-range service for both children and adults who experience their first episode in psychosis.

- **Commissioning of a future child and adolescent mental health service**

Across Kent there has been system wide leadership and ownership as well as local level collaboration with children, young people and their families. Furthermore there has been extensive engagement with Local and National children and young people mental health providers and CCG, KCC and Public Health commissioners during the competitive dialogue stage of the Kent Emotional Wellbeing and Mental Health Services procurement. KCC are leading the procurement of services being commissioned by the CCGs and Public Health. The new service will mobilise 1 September 2017. We are committed to transforming the care provided across Kent including the

commissioning of a range and choice of high quality, evidence-based treatments and interventions (from prevention, early intervention and crisis); collaborative practice with children, young people and families and involving schools; the use of evidence-based interventions to build resilience; and regular feedback of outcome monitoring to children, young people and families. This includes the commissioning of:

- a Single Point of Access (SPA) with 'no wrong door', clear accountability for the service user, effective signposting to the statutory and voluntary sectors,
 - the use of digital innovations where appropriate
 - the delivery of locally accessible early interventions (through a stepped model of intervention less intensive treatment is initially provided then more intensive treatment if required - including embedding the principles children and young people's IAPT),
 - children, young people and families being fully involved in the service user's care and in the development of local services,
 - successful transitions between services
 - addressing the needs of the most vulnerable
 - outcome focused services at an individual and system level
 - services which enable children and young people to access effective services in a timely manner
- **Children and Young People's Eating Disorder Service including procurement**

Over the past year specific ED training to Universal services, schools and 3rd sector organisations has been delivered. This has been well received by all organisations. Bespoke training for GPs has been offered county-wide. EDS staff have completed radically open dialectical behavioural therapy and cognitive restructuring training. This will enable staff within the ED specific clinics to treat young people with chronic eating difficulties and co-morbid mental health difficulties. Services have been mobilised towards focusing on delivery of the access to waiting time standards. A clinical governance group for ED clinics within the CAMHS service has been established. In this group staff share best practice, review services and are working towards standardising services across Kent ensuring parity. New equipment such as appropriate scales and monitoring equipment has been purchased meaning that ED clinics in the hubs can monitor young people effectively. Resources including books are now available for families to borrow.

Over the following months children and young people's eating disorder services will further increase their capacity to work towards achieving the access standards including increasing the provision of systemic therapy. This will include investment in assistant psychologists to focus on evaluating clinical outcomes and patient experience.

East and North Kent CCGs have commissioned a psychoeducational therapeutic intervention strategy for children and young people with eating disorders in recognition of the challenge of supporting young people with eating disorders. This enabled them to access services in their communities early with properly trained teams, making hospital admission a last resort. CCGs recognised the need to extend access to talking therapies so that children and young people have a treatment plan agreed with their therapist and monitored and recorded outcomes. The commissioned programme offers Cognitive Behaviour Therapy (CBTe) sessions to aid recovery, build resilience, and help children and young people live their lives to the full. Facilitated peer support groups for parents/carers of children and young people with eating disorders offer a psychoeducational approach to lessen the adverse impact eating disorders have on families. Awareness training for school counsellors and teaching assistants has been developed, including a training video.

Following extensive patient, GP and family engagement across Kent and Medway, the business case for the procurement of an all-age specialist eating disorder service has been approved by each Kent and Medway CCG. This will be funded using monies within existing services and monies from NHS England for children and young people's eating disorder services. A service specification consultation event has taken place, involving local and national providers of eating disorder services. The new service will mobilise on 1 September 2017 and delivery of this new service will:

- involve service users and their families in the development of a personalised care plan
- reduce barriers regarding transitions from children and young people to adult services
- provide locally accessible early specialist intervention which promotes recovery and prevents crisis (including embedding the principles of IAPT)
- reduce relapse through the agreement of a contingency plan identifying risk factors, warning signs and actions to be taken in the event of any difficulty occurring after the discharge
- utilise digital innovations including online therapy where appropriate
- increase systemic therapy, recognising the importance of the wider family
- ensure children, young people and adults access high quality NICE concordant treatment within a timely manner (adhering to the national access standards)
- deliver outcome focused services at an individual and system level

- **Crisis care**

The Kent and Medway Mental Health Crisis Care Concordat (MHCCC) has developed a range of initiatives to improve outcomes for people including children and young people experiencing mental health crisis. The multi-agency framework is delivering Kent and Medway MHCCC plans through a partnership approach. Membership of the Crisis Care Concordat includes Health and Justice Commissioners. This area of work is being addressed by use of existing and planned commissioning intentions and service delivery arrangements and through new partnership arrangements within Crisis Concordat focus working groups. The key focus areas for children and young people are plans for a designated children's MH S136 Place of Safety, development of all-age 24/7 acute liaison psychiatry service through the current children and young people MH procurement exercise and the continued delivery of a 24/7 home treatment team. These plans mean that children and young people will continue to be supported in the following key areas:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well/preventing future crisis
- Developing a local integrated pathway for children and young people requiring beds that includes plans to support crisis, admission prevention and support appropriate, safe discharge
- Developing local integrated pathways including transitioning in or out of secure settings, Sexual Assault Referral Centres and liaison and diversion

The A&E liaison service has seen 960 young people over 8 months across Kent and Medway. Children and young people receive a responsive service and currently on average 48% of young people are seen within 2 hours. Verbal feedback from staff in hospital, parents/carers and young people has been very positive in consideration that they appreciate the quick response. Providers and commissioners are working together to review the pilots which have been delivered over the past year and to consider how the needs of children and young people can be most appropriately met and how we work towards treatment being provided within 4 hours 24/7.

The team is integrated within the home treatment team and this allows continuity of care for young people who are in crisis. The team has developed good links with the acute trusts, with all Tier 3 hubs and other services such as social services. The service is considering more qualitative measures to assure quality of the service.

9. Transformation Implementation for 2016/17 onwards

In the 2015 version of this document, we had an 'implementation plan' section where we described what the areas of focus would be. In this iteration of the document, we are able to give more detail and information about what we will focus on and how we intend to deliver against our commitments.

We have themed this section to best describe how we will implement the Transformation Plan for 2016/17 and onwards. Our headline themes are:

- Early Intervention and Prevention
- Vulnerable Groups
- Eating Disorder Service
- Neurodevelopment
- Crisis Care
- Outcome Measurement

Early Intervention and Prevention

The needs assessment completed to support the development of the Kent-wide emotional health strategy and the re-procurement of the CAMHS services identified a number of issues, notably there was a large gap between the need and capacity of services to deliver interventions for children and young people with mild to moderate mental health needs (Tier 2). Therefore, when considering funding across the whole system to provide sustainable Transformation, there is a strong case to commit funding to services focused on prevention and early intervention.

We know:

- the majority of lifetime mental illness develops before adulthood; therefore preventative action targeted at younger people can generate greater personal, social and economic benefits than intervention at any other time throughout life
- the risk and protective factors for mental illness and where to target interventions in Kent

- there is good evidence for interventions to mental health disorders developing and intervening early before issues escalate
- there is good evidence for the economic benefits for prevention and early intervention in terms of costs for the individual and of services in the longer term

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
2016/17 – Mind and Body Programme (reducing risk taking behaviours including self-harm, delivered in schools)	1 worker	1 worker	2 workers	1 worker	1 worker	1 worker	3 workers
System-wide investment or support in addition to Transformation Funding:	<ul style="list-style-type: none"> • £880,000 from KCC Public Health for Tier 2 School Based services (Kent wide) • £5 million per year for School Public Health Service including support for emotional and mental wellbeing (Kent wide) • £10 million over 5 years from Big Lottery for HeadStart Kent, development programme to increase resilience and emotional wellbeing (Kent wide) 						
2015/16 Baseline	600 - 700 young people received Mind and Body programme 1850 accessing Tier 2 services Kent Wide (predecessor service)						
Standards	Access, waiting times and outcomes						

Early Intervention and Prevention: Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
2016/17	KPI - Engage between 600 -700 young people in programme to target those at risk or identified as engaging in self-harming behaviour – Achieved	Invest in Mind and Body programme to target those at risk or identified as engaging in self-harming	Transformation Funding: 10 term-time only members of staff to deliver the programme (equivalent of 1 per CCG or	East Kent CCGs

Early Intervention and Prevention: Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
	<p>KPI - Reduce the number of children considering/engaging in self-harming behaviour – Evidence indicates reduction is being achieved</p> <p>KPI - Increase in the emotional wellbeing of those children identified as at risk or engaging in self-harming behaviour – Evidence from young people indicates increase</p>	behaviour. Working in and with schools to support targeted interventions with at risk groups of young people	large town area)	
2016/17	KPI – Test new methods to support young people with mental health needs including anxiety, low mood, phobias, panic disorder, obsessive compulsive disorder	Commissioning of specialist provider to pilot an internet platform to provide online therapy for young people and their families	Transformation Funding: from Thanet and Canterbury & Coastal CCGs to pilot project Match Funding: from the identified provider	East Kent CCGs
2016/17	KPI - Engage with the principles of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) to provide whole service Transformation	Set up of a Kent and Medway Partnership with mental health providers who will undertake training	NHS England: Through backfill of staff attending training	Kent CCGs
2016/17 onwards	KPI – Implement resilience and emotional wellbeing programmes across Kent	Delivery of HeadStart programmes across Kent for 5 years	National Lottery: £10 million funding for the Kent HeadStart Programme	KCC Early Help
2017/18	KPI - Provide Tier 2 early interventions for approximately 1,400 – 2,200 children and young people per year across Kent to prevent the escalation of emotional and mental health issues	Incorporate 2016/17 investment into the commissioning of Tier 2 early intervention emotional health and	Public Health: using investment through recommissioning of new services	KCC Public Health

Early Intervention and Prevention: Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
	KPI - Increase in emotional wellbeing score for those children and young people receiving Tier 2 intervention	wellbeing service embedded in schools	Transformation Funding: New investment to close the gap between needs and capacity	
2017/18	KPI - Increase in the emotional wellbeing of those children and young people receiving Tier 1 intervention KPI - Number of schools receiving support to improve social and emotional health through a whole school approach	Commissioning of whole school support and Tier 1 interventions for emotional and mental health through School Public Health Service	Public Health: £5 million for whole School Public Health Service commissioning	KCC Public Health
2017/18	KPI - Develop a Single Point of Access to emotional wellbeing and mental health services to better ensure the best help at the earliest point	Commission Single Point of Access for emotional and mental health across Kent as part of the procurement of the new specialist mental health service	CCG Investment: Through CAMHS recommission	Kent CCGs

Vulnerable Groups

Vulnerable groups include Looked After Children (LAC) and care leavers, Unaccompanied Asylum Seeking Children (UASC), missing children, those who have offended or are at risk of offending, gang affected children and young people, and those at risk of Child Sexual Exploitation (CSE). The prevalence of mental health needs is generally greater in vulnerable groups, and so CCGs and partners are working to improve their outcomes through a variety of initiatives.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
2015 to 2017 – Unaccompanied Asylum Seeking Children (UASC) Action Research Project	£200,000 over 2 years						
2016/17 – Thanet Youth Taskforce NHSE Health and Justice Funding	-	-	-	-	-	£222,000	-
System-wide investment or support in addition to Transformation Funding:	Kent County Council investment into CAMHS Children in Care service – annual £1 million						
2015/16 Baseline	No specific mental health screening for UASC upon entry into Kent						

Vulnerable Groups: Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
2016/17	<p>Unaccompanied Asylum Seeking Children (UASC): Design and deliver an action research project to better understand the mental health needs of the population and develop tools/packages to support those identified needs</p> <p>KPI - 60% of Initial Health Assessments to include screening for mental health problems and provide support as needed – Achieved and exceeded</p> <p>Provide health input into Public Health's</p>	Develop a governance framework from which screening, assessment and supervision takes place. Identify and train staff to use a screening tool to recognise significant distress that requires further assessment and support, as well as enhancing clinicians' competencies that enable staff to be	Transformation Funding: Investment from all Kent CCGs in 2015/16 and 2016/17	East Kent CCGs

Vulnerable Groups: Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
	<p>UASC Health Needs Assessment</p> <p>KPI - UASC Health Needs Assessment is published – Achieved and accessible through www.uaschealth.org – Achieved</p>	<p>trained and skilled in managing the emotional health and wellbeing requirements</p> <p>Provide Public Health with all intelligence and findings as a result of the project's research</p>		
2016/17	Share knowledge and experience learnt as a result of the project, and provide support to wider health professionals	Development and launch of www.uaschealth.org that includes videos, translated materials and clinical guidance for a range of health practitioners	NHSE South East: Additional funding to support the development of training and website to share learning	East Kent CCGs
2016/17 and 2017/18	Thanet Youth Taskforce: From November 2016, begin implementation of a new integrated model of support for young people aged 14 to 21 who have offended or are at risk of offending, have a mental health need and at least one more vulnerability such as LAC, frequent missing episodes, gang affiliated or substance misuse. The model will use a child, family and community based approach to build resilience and protective factors	<p>Mobilisation of Thanet Youth Taskforce project including setting up a steering group will lead in developing a robust evaluation framework which will build a local evidence-base and demonstrate impact of the project</p> <p>Develop and implement an integrated model and</p>	NHSE Health and Justice Funding: Through centrally held Transformation budget	Thanet CCG

Vulnerable Groups: Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
		approach to identifying and supporting Thanet's most vulnerable young people		
2016/17 to 2017/18	2016/17: Identification of initiatives to support and test models of transformative delivery for vulnerable groups 2017/18: Delivery of identified project	Kent CCGs to work together with KCC and Public Health to review current levels of emerging needs and identify evidence-based programmes to test within East Kent focussing on long-term transformation of services and children's lives.	Transformation Funding: Level of investment to be identified based on outcome of needs data	Kent CCGs

Eating Disorder Service

Over the following months, children and young people's eating disorder services will further increase their capacity to work towards achieving the access standards including increasing the provision of systemic therapy. This will include investment in assistant psychologists to focus on evaluating clinical outcomes and patient experience.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
Transformation Allocation 2016/17	£800,000						
2015/16 Baseline	In 2015, the main children and young people's mental health provider reported that their eating disorder clinics received approximately 150 referrals of young people with a suspected eating disorder.						
Standards	The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.						

Eating Disorder Service : Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
2015/16	To work towards the access standard of NICE concordant treatment starting within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases	Invest in additional capacity of the current eating disorder services	Transformation Funding	West Kent CCGs
2016/17	To work towards the access standard of NICE concordant treatment starting within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases	Invest in additional capacity of the current eating disorder services and commission a new EDS with additional capacity	Transformation Funding	West Kent CCGs

Neurodevelopment (ASC/ADHD)

Kent CCGs areas have experienced significant demand for assessments for both conditions which has been exacerbated by a long-standing commissioning gap for 8 to 11 year olds. Transformation for children, young people and young adults will mean working through the significant waiting lists and developing interventions to better manage needs earlier in the pathway. The Transformation agenda for these conditions is about streamlining the pathway from Universal to Specialist services and extending the age range to 21.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
Transformation Investment 2016/17	In excess of £870,000 (predominantly East Kent CCGs)						
System-wide investment or support in addition to Transformation Funding:	Parenting programmes through Kent County Council, investment into Local Inclusion Forum Teams within schools, development of autism strategy and core offer through Kent County Council						
2015/16 Baseline	East Kent waits of over 52 weeks for assessment for both conditions West Kent average wait 166 weeks						

Neurodevelopment : Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
2016/17	Support parents and carers of children waiting for a diagnosis of ADHD or ASC, or seeking post-diagnosis support KPI: 90% positive feedback received on Expert Parent Carer Programme workshops - Achieved	Delivery of Expert Parent Carer Programme across East and North Kent CCGs	Transformation Funding	East and North Kent CCGs

Neurodevelopment : Implementation Plan				
2016/17	Provide ADHD and ASC assessments for 8 to 11 year olds KPI: reduce backlog for assessment to six months from date of referral	Investment in additional diagnosis capacity to work through the legacy cases and new referrals	Transformation Funding: EK CCGs investment of £833,000	East Kent CCGs
2016/17	Reduce waiting times for ASD There were 201 on the waiting list for ASD in 2015/16 (with an average wait of 166 weeks). Currently there are now 120 on the waiting list for ASD, with the longest waiting time being 28 weeks	Investment in additional capacity in the current CAMHS service	Transformation Funding: £30,000 Transformation funding in West Kent	West Kent CCG
2016/17	Understand the reason for increase in referrals, and support families while on the waiting list and post-diagnosis	Short-term focussed project to understand the current issues in East Kent and make recommendations for managing expectations and waiting lists	Match Funding: Existing resource allocated in East Kent	East Kent CCGs
2016/17	Provide information to families on the waiting list for an assessment, and signpost to support networks	Linking with KCCs work on the Core Offer to develop joint information and coordinated support for families	Match Funding: Existing resource allocated	EK Children's Commissioning Support Team
2017/18	Develop and implement a Single Point of Access to emotional wellbeing and mental health services to better ensure the best help at the earliest point	Discussions around how to implement this will take place during the Competitive Dialogue stage of CAMHS procurement process	CAMHS Resource: CAMHS procurement and contract	Kent CCGs / Kent County Council

Neurodevelopment : Implementation Plan				
2017/18	Close the commissioning gap for 8 to 11 year olds	Commissioning of new CAMHS contract moving towards an under 21 pathway to manage specialist resources	Transformation Funding: TBC Existing Investment: For 0 to 7 and 12 to 21 years	East Kent CCGs
2017/18	Provide early intervention and pathway support	Develop whole system approach from Universal to specialist services to help support children and families and manage demand	TBC	East Kent CCGs

Crisis Care

During 2016 the A&E liaison service has seen **960 young people over 8 months** across Kent and Medway. CYP receive a responsive service and currently on average 48% of young people are seen within 2 hours. Verbal feedback from staff in hospital, parents/carers and young people has been **very positive** in consideration that they appreciate the quick response. Providers and commissioners are working together to review the pilots which have been delivered over the past year and to consider how the needs of CYP can be most appropriately met and that we work towards treatment being provided within 4 hours 24/7.

The team is **integrated within the home treatment team** and this allows **continuity of care** for young people who are in crisis. The team has developed good links with the acute trusts, with all Tier 3 hubs and other services such as social services. The service is considering more **qualitative measures to assure quality** of the service.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
Transformation Investment 2016/17	£569,994						
Standards Kent is working towards;	Every area provides 24/7 crisis resolution and home treatment teams to provide treatment within four hours; and Every A&E has acute liaison psychiatric services and 50 per cent should be able to make those services available 24/7						
2015/16 Baseline	106 children and young people accessed the service between 28 December 2015 (start date) and 31 January 2016. 86 out of 106 children and young people were seen in under 4 hours (91%)						

Crisis Care : Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
2016/17	Development of all-age Liaison Psychiatry service	Invest in additional capacity to test different models to deliver the access standards	Transformation Funding	Kent CCGs
2016/17	To work towards the delivery of a 24/7 service which supports children and young people in crisis within 4 hours	Invest in additional capacity to evaluate different models of delivery and to work with the new provider to further develop models	Transformation Funding	Kent CCGs

Outcome Measurement

Measuring the outcomes of Transformation using health, social care and schools' data will support us to collectively understand where investment will achieve the greatest outcomes. Kent County Council Public Health are best placed to draw on different data systems and have built on their work with CORC (Child Outcomes Research Consortium), which is part of the Anna Freud Centre. They have worked on a national feasibility study linking education and CAMHS data and are now working with CORC to identify the most effective outcomes measures and indicators across education, health and social care. Furthermore a core dataset will be embedded across the system.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
Transformation Investment 2016/17	£33,621 part-year effect						
System-wide investment or support in addition to Transformation Funding:	Match funding from KCC Public Health through the set-up and management arrangements						
2015/16 Baseline	No integrated dataset across health, social care and education on children and young people's mental health						

Outcome Measurement : Implementation Plan				
Start Year	Target and/or KPI	How	Investment Source	Lead agency
2016/17	<p>Support the development of an integrated outcomes framework for the emotional and mental health system</p> <p>Embed a core dataset to the emotional and mental health system in Kent</p> <p>Report on a baseline measure for the emotional and mental health system at the point of award/ mobilisation</p> <p>Develop a reporting framework for the system of emotional and mental health services for children and young people in Kent</p> <p>Link person level data in Kent Integrated Dataset (KID) for Kids for research and evaluation</p>	<p>Engage expert review of the proposed outcomes framework and refine</p> <p>Agree suite of measurement tools, review and agree dataset</p> <p>Draft an audit framework and share with providers and commissioners for completion</p> <p>Draft a reporting framework for the emotional and mental health system at district and CCG level</p> <p>Progress the feasibility project linking CAMHS and KCC Risk data</p>	Transformation Funding: Across all Kent CCGs	KCC Public Health
2017/18	Utilise the data and intelligence products to answer research questions and model system changes identified by the Transformation Oversight Board	To be confirmed	Transformation Funding: Across all Kent CCGs	KCC Public Health

10. Transformation Governance

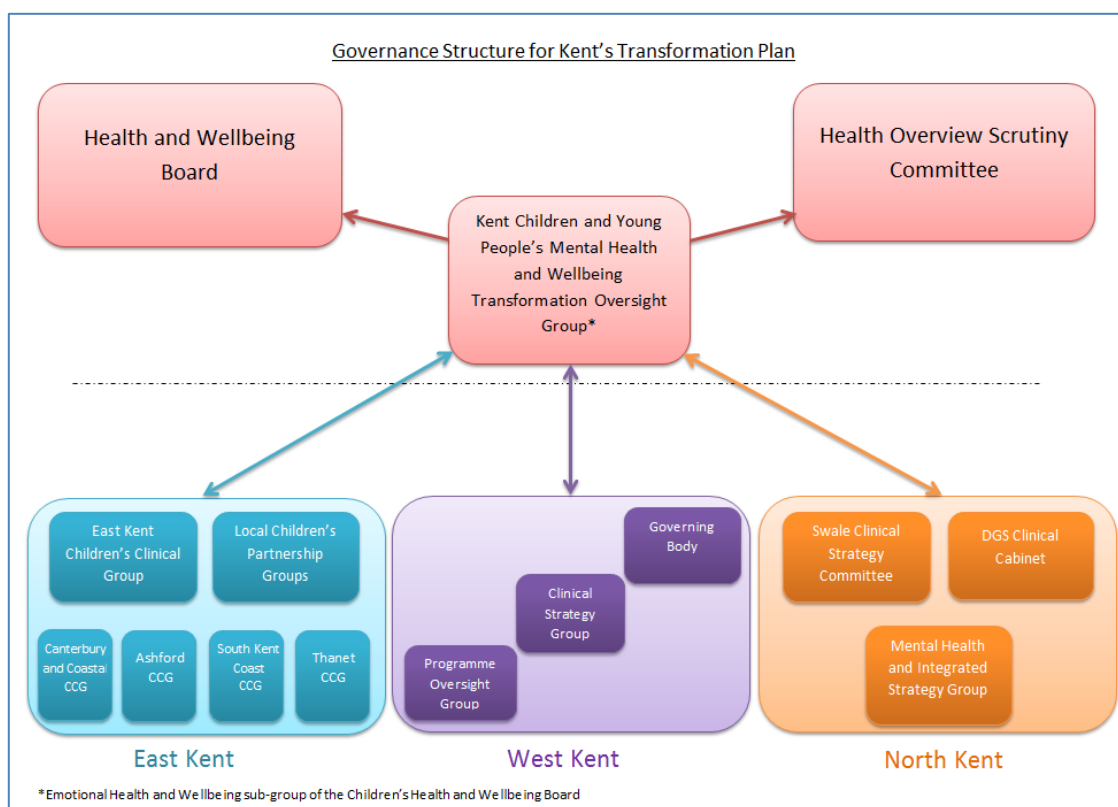


Figure 2

The Transformation Plan has been developed and revised through a range of partnership structures and governance arrangements to ensure whole system commitment and agreement. This has included regular reporting to both the Children's and Kent Health and Wellbeing Board, bespoke strategic summit events, Clinical Commissioning Group governance structures, HeadStart and KCC 0-25 Portfolio Board.

As the Transformation programme has developed we have constantly reviewed the governance arrangements. We are now within the procurement phase which is being executed within the overall governance structure of the collaborative commissioning programme and the contract procurement board reporting to the HWBB.

This process is being resourced by a multi-disciplinary team combining subject matter experts for commissioning, clinical quality and patient safety, financial management, patient experience, workforce, information governance systems and technology, and other resources as appropriate. The team will include representatives of patient groups.

Public Health is establishing a Research and Development Hub for children and young people's Emotional and Resilience Mental Health (see Figure 3 below for the proposed governance arrangements).

The aim of the Research and Development Hub in the Public Health Department is analytical capacity to provide intelligence to implement the Kent emotional health and wellbeing strategy and carry out surveillance of its impact and provide access to evidence-based approaches to build resilience in Universal settings.

This will bring together the HeadStart funded Resilience Hub, a portal which provides access to evidence-based training, whole school interventions and resources for children and young people, parents and carers with Transformation Fund funded analysts who will develop intelligence products for the emotional and mental health system, through the development of a system wide surveillance system, embedding a core dataset and flowing data into a person level pseudonymised dataset. The Research and Development Hub will support the coordination of the transformation of children and young people's emotional health outcomes in Kent.

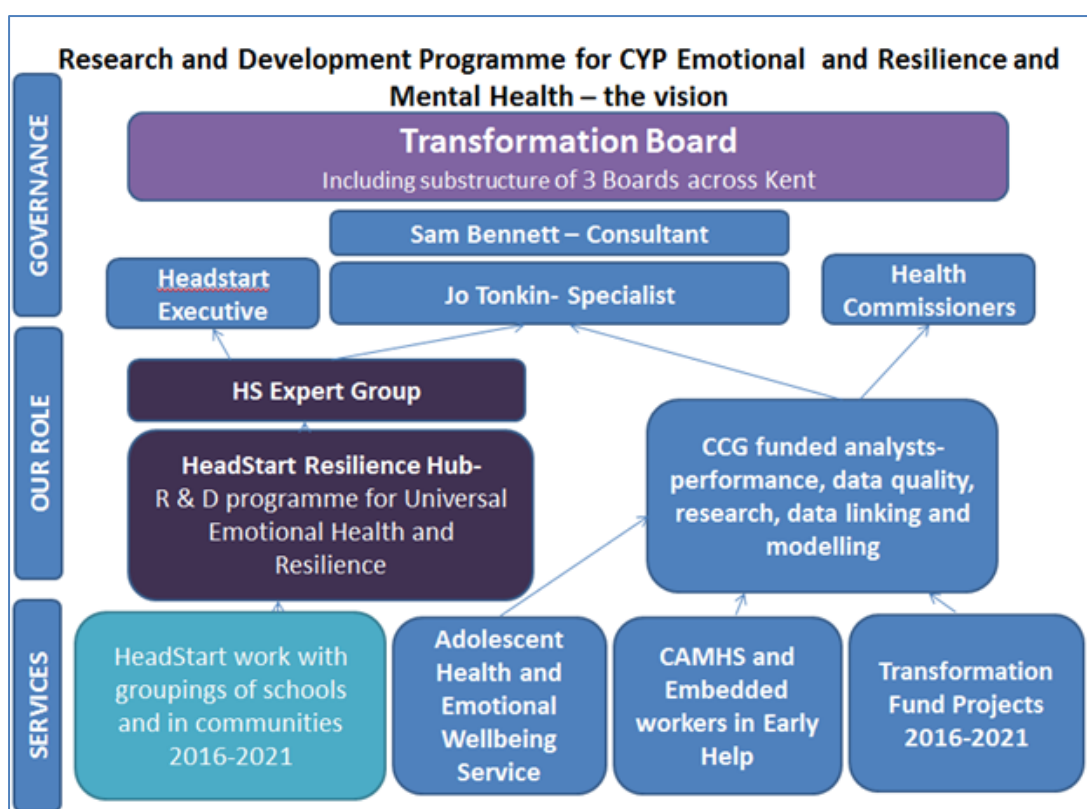


Figure 3

11. Finance and Investment

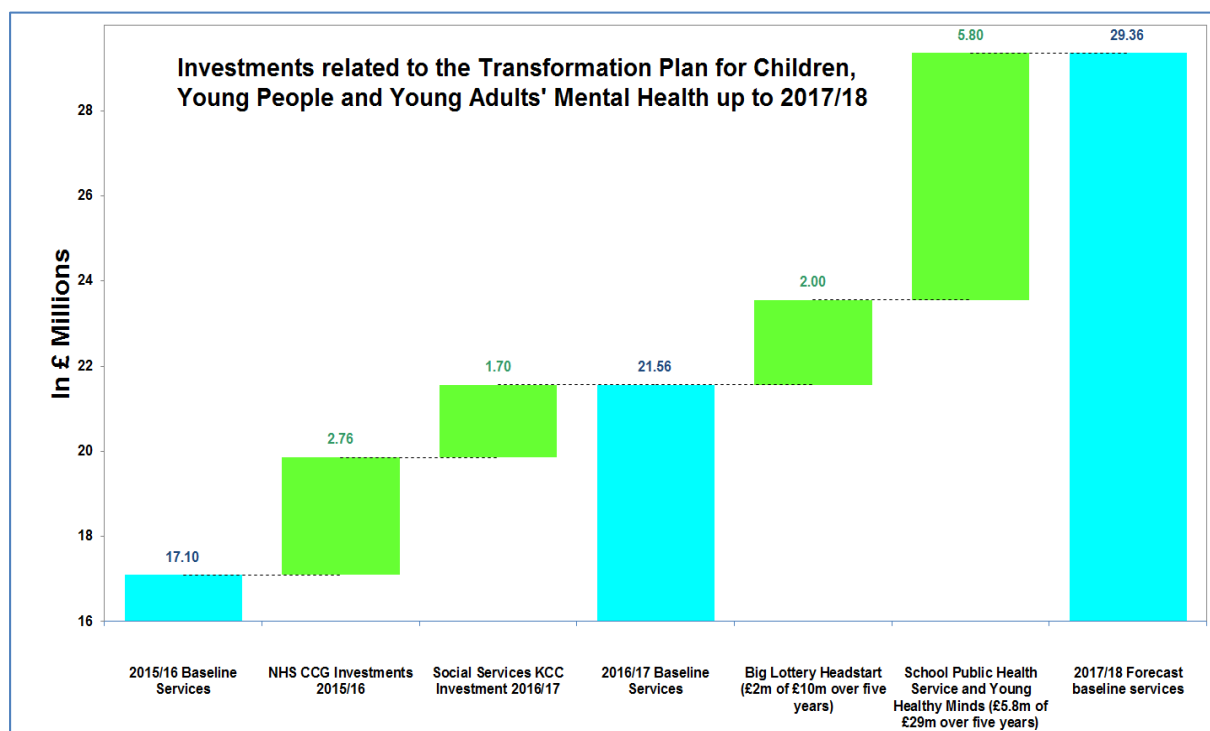


Figure 4

The health economy has residual investments of £17.10m. As part of the Future in Mind transformational plans the NHS has invested a further 2.76m and Kent County Council have invested a further 1.7m highlighted in the investment bridge chart above.

Looking forward the system continues to invest in Children, Young People and Young Adult Mental Health with Headstart funding from the lottery of £2m per annum for five years, this will see new resource for Kent for supporting schools in promoting resilience and wellbeing, in reducing the stigma attached to ill mental health and providing guidance in how the curriculum can incorporate teaching about good mental health.

There is additional investment of £5.8m per annum as part of a 29m investment over five years that reconfigures the public health service in schools and continues the development of young health minds.

As part of the investment process, CCGs will maintain the quantum of the recurrent investments of £2.76m associated with transformational change but will review whether the current financial profile of investments for Crisis Care, Early Intervention and Prevention, Neuro Developmental and Perinatal care require redistributing to meet appropriate needs in 2017/18 going forwards.

The current dedicated financial envelope to deliver the new model is over £29m. This includes Health and Local Authority funding for the specialist services for children with significant mental health problems including those who are in Local Authority care and those who have been victims of child sexual exploitation. There will also be enhanced support, information and guidance offered to those services which work universally with children - for example children's centres, health visiting, schools and services for adolescents. This will be delivered through information about technology available, workforce development including training and regular information provided to services.

Kent is part of a national bid for Big Lottery funding for the HeadStart programme. This programme of work is already investing in research and pilot programmes both in Kent and nationally.

12. Communications

Communications and Engagement is an integral part of the Kent Clinical Commissioning Groups' commissioning approach. The CCGs and KCC seek every opportunity to involve local people in decisions, and ensure patients and carers from all areas and diverse communities are involved and listened to, to enable effective assessment and ensure services are in place to support children, young people and young adults.

The CCGs and KCC have developed infrastructure and processes for wide and deep engagement, and wide-ranging communications with its population. Since inception, the CCGs and KCC have carried out a range of initiatives to ensure that people's experiences, insights and feedback have informed their commissioning intentions and decisions, and to equip people to take decisions about their health care.

In September 2016 Kent undertook further engagement with service users and their families who have experience of targeted and/or specialist level mental health services for children and young people (ChYPs). Health and Social Care commissioners are committed to procuring a new service which responds to this invaluable feedback, including developing a set of service standards based on their expectations of an effective and responsive service. Below are the main themes which have emerged from these conversations and the feedback from the online survey (see [Appendix 26](#) for further detail regarding each theme):

- Publicise the service and communication methods
- A range of ways to get in touch; use technology
- Positioning the publicity and partnership
- What if I change my mind?
- Have a clear system and communicate it well
- Extra support for me and my family while we are waiting
- Use technology
- Find out about what is right for me
- Talk to me about sharing information with relevant others
- Grow with me
- Support for me to trust my mental health workers
- Crisis support
- Let me give feedback in a range of ways
- Moving on
- Involvement in planning: in a time that's right for me
- Check-ups with someone I trust

Healthwatch Kent have recently undertaken further engagement Children and Adolescent Mental Health Services in Kent and below highlights the feedback that Healthwatch Kent have heard about experience of the wider mental health system.

- **Autistic Spectrum Disorder (ASD):** Difficulties and complications in getting an assessment for a clinical diagnosis or for mental health support for a child who already has a diagnosis of ASD
- **Waiting times for initial assessment appointments:** Waiting times for an initial assessment within specialist CAMHS services still remains a serious issue
- **Unclear referral process and criteria for CAMHS services:** Many people make numerous referrals before receiving an initial assessment appointment
- **Follow up appointments:** 'Poor' follow up including referrals to other agencies not coming to fruition, cancelled follow up appointments, and inconsistency in who young people are seeing
- **Poor communication:** Not being able to contact services on the phone and lengthy delays in follow up letters
- **Relationships with Staff:** Some staff could demonstrate more 'respect for their clients... be more polite... not dismissing people'
- **Keeping young people safe:** Would like more information about how to keep young people safe (whilst awaiting an assessment from CAMHS, or if they are not accepted by a CAMHS service but are still self-harming or suicidal)
- **Lack of information about alternative support services:** Need to improve the level of information available, both in terms of 'what is available' and 'signpost to other agencies that could be helpful'
- **Eating disorders:** Asking for 'standalone Kent eating disorder services accessed via GP, as going through CAMHS is a huge delay for very vulnerable young people
- **Transition to adult services:** We heard a consistent level of concern from Young People, Parents, Carers and Professionals about this transition with people finding it 'slow', 'unstructured', 'challenging' and 'fearful'

We welcome these local patient views regarding our local children and young people's mental health and wellbeing services and recognise these reflect the national feedback from similar services. We are confident that through our programme we are addressing the feedback and will continue to engage with children and young people, their families and organisations including Healthwatch to improve the quality, responsiveness and effectiveness of the services across Kent.

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with local authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Contact Details:

West Kent: Dave Holman dave.holman@nhs.net

North Kent: Naomi Hamilton naomihamilton@nhs.net

East Kent: Sue Mullin suemullin@nhs.net

Transformation Development and Delivery includes:

- 7 x Kent CCGs
- Kent County Council
- Representatives from 12 x district councils
- Partners on Health Overview and Scrutiny Committee
- Partners on Kent Health and Wellbeing Board and Children's Health and Wellbeing Boards
- Kent Mental Health Action Groups
- Dartford Gravesham and Swanley (DGS) & Swale Mental Health and integrated Strategy group
- Mental Health Service Improvement Group (east Kent)
- West Kent Programme Oversight Group
- Crisis Care Concordat Kent Steering Group
- KCC 0-25 Transformation Board.

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words.

In Kent, we are working to deliver a new whole system of support that extends beyond the traditional reach of commissioned services, recognising that promoting and protecting the emotional wellbeing of our children and young people is far bigger than any individual organisation.

As collaborative partners in Kent, we will:

- Increase the role of Universal services to challenge stigma and deliver good emotional wellbeing at every opportunity.
- Invest in schools, school nursing, health visitors, voluntary sector, families and children to build resilience and parenting skills.
- Deliver evidence-based programmes across Kent designed to reduce self-harm and risk taking behaviour in targeted groups of young people following a successful local pilot.
- Invest in intervening early to ensure that children and young people are able to access the right service at the right time.
- Invest new money into a Kent-wide resource of mental health practitioners within Early Help services to support children and young people who do not have a medical diagnosis.
- Deliver services and support from birth to 25, ensuring that support is no longer shaped by a cliff-face at age of 18 but responds to the individual needs of a young person as they follow their own unique path to adulthood.
- Work towards moving existing resource and contracting arrangements over the next five years to achieve true 0 – 25 services.
- Meet the needs of our vulnerable populations, ensuring evidence-based and effective interventions for our Looked after Children, care leavers, disabled children, young offenders and those with complex needs.
- This year, we will invest in supporting our significantly expanded Unaccompanied Asylum Seeking Children population.
- Develop streamlined access for children and young people with emotional wellbeing and mental health needs and their family/carer by introducing a Single Point of Access.
- Develop strong relationships with NHSE Health and Justice to support our work on crisis care and Tier 4 escalation processes.

(289 words)

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words.

We have:

- Completed a Kent Children's Emotional and Wellbeing Strategy, Delivery Plan, system-wide Model, draft service specifications and draft contract procurement timetable.
- Engaged children, young people and professionals to co-design the principles and outcomes within the Strategy and Delivery Plan.
- Defined how schools, local communities and specialist services will work in an integrated way to embed the key outcomes of the model (including reconfigured Early Help services with increased provision for dedicated mental health professionals).
- Drafted a new service specification in line with the Transformation Plan and local evidence and need.
- Engaged key providers to respond to our new requirements for eating disorders and early intervention in psychosis.
- Outlined the role, remit and responsibilities of an integrated Single Point of Access/Triage function across the county, linking with health, social care, education and the voluntary sector.
- Developed a multi-agency/service pathway for assessment and treatment of children and young people with neurodevelopment disorders.
- Aligned Strategy and Plan with Crisis Care Concordat requirements.
- Increased availability of places of safety for children and young people.
- As part of Strategy development, we mapped high-level spend on mental health services across agencies for children and young people aged 0 - 25 which has been used to inform the Model and contract procurement process.
- Included child, young person and family mental health support on the 'Live it Well' website as a start to increase public awareness and improved access to information.
- Increased the investment in the child and adolescent mental health service's Home Treatment Team to prevent unnecessary admission and where admissions are appropriate to have clarity over expected outcomes, review and early discharge by utilising intensive home treatment.

(272 words)

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

We will have:

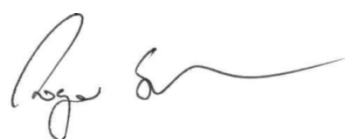
- New mental health provision for increased population of Unaccompanied Asylum Seeking Children (UASC).
- Resourced a new Kent-wide programme of identifying risky behaviours in adolescents, particularly self-harm (Mind and Body).
- Delivered against the Transformation and Delivery plan outlined in Section 7 of this document.
- Signed-off the new Children and Adolescent Mental Health Services specification which focusses on targeted and specialist mental health services across Kent and have a procurement process underway.
- Commenced contract procurement process for the award of a new contract (Universal, Targeted and Specialist emotional and wellbeing) across Kent.
- Commenced the procurement of the new school Public Health service for children and young people across Kent.
- Finalised final financial modelling and contract procurement timetable.
- Continued to increase regular and meaningful engagement with children, young people, families and communities within each CCG to help to deliver transformation at a local level.
- Begun implementation of the neurodevelopment pathway through service and contract reconfiguration and continue work on scoping the interdependencies of other related pathway developments.
- Aligned the emotional wellbeing pathway with the new eating disorders service, perinatal mental health and early intervention in psychosis.
- Refreshed and integrated Early Help services/teams in place, working at Universal and Targeted levels to reduce demand on Specialist services; these teams will include dedicated mental health specialist provision.
- Improved management of crisis care for children and young people, focusing on elements of the Crisis Care Concordat.
- Developed a proposal to increase our support to children and young people during crisis by aligning for Liaison Psychiatry Services with children's provision.
- A proposal to develop a 'bridging' service between Children's A&E and Adult Liaison Psychiatry moving towards the national ambition of all-age LP by 2020.

(278 words)

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Support in implementing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across Kent using experience and best practice from pathfinders.
- Best practice models and opportunities to meet and share experience of eating disorder services which meet the new requirements.
- Best practice models and opportunities to develop innovative perinatal solutions.
- Opportunities to interrogate the detail regarding return on investment, outcomes and impact of all-age Liaison Psychiatry requirements.
- Support and guidance on how to improve child, young person and community engagement in a meaningful way using our resource proportional to the benefit.
- Support and clinical guidance on developing evidence-based workforce training and development programmes.
- Support in reaching and defining appropriate outcome measures and support in better use of data which bridges organisational boundaries.

(116 words)






Roger Gough, KCC Cabinet Member for Education and Health Reform & Chair of Kent Health and Wellbeing Board

Agreed by Specialist Commissioning

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

Appendix List

Appendix 1	<u>Refreshed Joint Strategic Needs Assessment on Mental Health Services for Children and Young People</u>	
Appendix 2	<u>The Way Ahead Part 1 – Strategic Framework</u> <u>Kent's Emotional Wellbeing Strategy for children, young people and young adults (0-25)</u>	
Appendix 3	<u>The Way Ahead Part 2 - Delivery Plan</u>	
Appendix 4	The Kent Child and Young People's Emotional Wellbeing and Mental Health Model	Available on request
Appendix 5	DRAFT Specialist and Targeted Emotional and Mental Health Specification(CAMHS)	Please note that these documents are commercially sensitive and will not be published outside of procurement
Appendix 6	DRAFT Early Help Mental Health Specification(Tier 2)	
Appendix 7	DRAFT Targeted Emotional Wellbeing Specification (Universal)	
Appendix 8	Equality Impact Assessment for Transformation Plan	Available on request
Appendix 9	December EWB Summit PowerPoint Slides	Available on request
Appendix 10	Children's Health and Wellbeing Board paper, February 2015	Available on request
Appendix 11	Strategy Consultation, 2015	Available on request
Appendix 12	Health and Wellbeing Board minutes, November 2014	Available on request
Appendix 13	Early Help Workshop Attendees	Available on request
Appendix 14	Crisis Care Concordat Presentation to Kent Health and Wellbeing Board, July 2015	Available on request
Appendix 15	Crisis Care Concordat Master Action Plan	Available on request
Appendix 16	<u>Current</u> investment by Partners in Kent (2014/15)	Available on request

Appendix 17	<i>Early Help and Preventative Services Commissioning Intentions 2016-17</i>	Available on request
Appendix 18	<i>Mind and Body programme (RiskIt)</i>	 Mind and Body Programme.pdf
Appendix 19	<i>Health and Wellbeing Board Terms of Reference</i>	Available on request
Appendix 20	<i>Health Overview and Scrutiny Committee paper, September 2015</i>	Available on request
Appendix 21	<i>Sussex Partnership Trust Routine Outcome Measure report, 2015</i>	Available on request
Appendix 22	<i>Update report to Kent Health and Wellbeing Board on</i>	Available on request
Appendix 23	<i>SPfT minutes with NHSE representation (July 2015)</i>	Available on request
Appendix 24	<i>Street Triage minutes</i>	Available on request
Appendix 25	<i>The HeadStart Kent Project</i>	 Executive Summary Revised Sept 2016 (3
Appendix 26	<i>Summary of engagement with service users and their families who have experience of Targeted and/or Specialist level mental health services for children and young people (September 2016).</i>	 LTP Appendix 26.pdf