

West Sussex

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

October 2016

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Foreword

This is an unprecedented time for children's emotional wellbeing and mental health service development. There is a national understanding of the importance of supporting children, young people and their families to thrive, both physically and emotionally. 75% of adult mental health problems develop in childhood and we have good evidence based interventions that can be offered to improve young people's lives. Mental health and emotional wellbeing have been placed on an equal footing to physical health in policy through Parity of Esteem. The National Health Select Committee investigation into children's mental health services has recommended that improvements are urgently needed for our stretched and underfunded services and the outcome of this has been the publication of *Future in Mind* and the opportunity to develop local services with additional Transformation Fund investment.

We know that really understanding what people want and need, involving them in designing services and focussing on outcomes that really matter are key. Only then will children, young people and families want to access them and gain the full benefit of help.

The three Clinical Commissioning Groups (CCGs) (Coastal West Sussex, Horsham and Mid Sussex, and Crawley CCGs) and West Sussex County Council are taking an evidence based, collaborative and integrated approach to developing their plans for commissioning the services and pathways best suited to the local community need. We are already involving children, young people, families and professionals as well as seeking ideas from other areas and making use of national guidance and tools. Children and young people's mental health and emotional wellbeing is being given the priority it deserves.

We have always been committed to ensuring effective, easily accessible, integrated and cost effective local services. However, we also know that communities need to be health promoting and resilient, as people do not naturally want services in their lives. Services need to be available quickly when people need them and problems should not have to become severe before a child or young person receives help. This means we all have a responsibility to recognise emotional difficulties in children and young people without stigma, and know what to do.

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

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1. What we want to achieve and how

System-wide Transformation – 2020 Vision

The Local Transformation Plan (LTP) envisages an integrated, multi-agency system-wide approach which prevents problems developing, supports children and young people along pathways of care, and within a continuum of provision that reflects their level of need at that moment in time. By 2020, with key partners, we will have:

- ❖ **Accessible, timely services in the community and at home**
- ❖ **Intervention and targeted services catching problems early**
- ❖ **More capacity and greater choice along the continuum of need**
- ❖ **A focus on outcomes, particularly for the extra vulnerable**
- ❖ **No gaps between services, at whatever age**
- ❖ **Highly skilled and caring workforce**

Progress in first year

Our goal is to continue building on the successes of the first year. Since implementation started in November 2015 there has been a number of significant achievements:

1. 1426 young people have benefited from the new online counselling service
2. 100% increase in number of young people receiving face to face counselling
3. Around 800 more children and young people have had targeted therapeutic interventions
4. 73 new posts created and filled, including counsellors, psychologists and other mental health practitioners
5. Eating Disorders Service mobilised pan-Sussex
6. West Sussex-wide YES service mobilised
7. Blended counselling and canine-assisted counselling services mobilised
8. Emotional wellbeing leads identified in 37 secondary schools
9. Expansion of therapeutic support for unaccompanied asylum seekers and those experiencing CSE/A
10. Specialist mental health staff integrated into single service for Children who are looked after and adopted
11. Psychiatric Liaison Service established in two A&E departments
12. Transformation Plan among top 18 considered 'Good' by the Education Policy Institute
13. Trained 215 members of frontline services
14. Innovative project implemented for Boys and Young Men in secondary school
15. Comprehensive mechanisms for measuring outcomes and impact in place, with common minimum dataset developed.

Priorities

Our specific priorities for LTP funding have been reviewed for 2017-2020 in discussion with children and young people, their families and the Emotional Wellbeing and Mental Health Partnership Board. Below are the ambitions, challenges and proposed delivery timeframe for each area of work. Although these have been identified separately to facilitate planning, monitoring and

financing, all outcomes and areas of work are interdependent, as is the whole programme and the wider system.

1. Community Eating Disorders Service

Our ambition:

is to implement a CYP Eating Disorders pathway across Sussex in line with Access and Waiting Times Guidance and Standards. This includes a specialist service for children from 10 to 19 years old through a hub and spoke model, delivering services within the community and within a family's home, with early intervention and post discharge support. It also delivers a training model for the CYP workforce and support groups for both service users and parents/carers by working with the local voluntary sector and B-eat.

The challenges:

are to recruit to key professional roles with a national shortage of clinicians, and to extend the service to become an ageless pathway across Sussex.

Delivery:

Year	Milestone	Link to Outcomes Framework	Investment (£)
2017 - 18	Monitor service delivery and data capture	More CYP are protected from significant harm; integrated aligned and co-ordinated service delivery is in place; Time taken to receive a diagnosis and treatment is reduced	464,000
2018 - 19	Strategy to develop ageless pathway	As above	464,000
2019 - 20	Review service specification and contract	As above	464,000

2. Development and extension of CYP IAPT

Our ambition:

is to ensure that CYPIAPT principles, values and standards are completely embedded within the CYP EWMH agenda. Commissioners are working together with East Sussex and Brighton to ensure that there is an overall pan-Sussex strategic approach to CYPIAPT through 'Delivering With and Delivering Well' (DWDW). At a local level, commissioners are working with NHSE, London SE IAPT Collaborative, SPFT and other key partners to develop a Strategic DWDW partnership approach and a clear local action plan by mid-November 2016. The ambition is to ensure that all providers are fully engaged with DWDW principles and create a forum for sharing knowledge and skills to develop effective collaborative services. We will also ensure that training is accessed and delivered to skill -up the local workforce to deliver safe and effective practice.

The challenges:

We have met several challenges in ensuring that CYP IAPT principles are fully implemented but progress is currently being made. For example, there is now in place in SPFT a service user participation worker and assistant psychologists to ensure the voice of the young person is at the centre of an outcomes-based approach.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Action Plan to ensure programme is an enabler of system-wide change; programme rolled out to non-core SPFT staff	More CYP have positive experiences of care and support; More CYP recover, meet their potential and achieve their aspirations; CYP, their parents and carers are instrumental in deciding which services they will use, where and when	115,000 (plus new additional resources)
2018-19	Roll out of programme to early intervention service providers including e.g. Healthy Child Programme,	As above	115,000
2019 - 20	Extension of provision to younger age groups, including under 5s	As above	115,000

3. Crisis Care and Urgent Help

Our ambition:

is to ensure that all children and young people can access appropriate help and support at times of crisis. By 2020 every child and young person presenting at A&E with mental health related issues will be offered an appropriate service, and all staff in emergency and crisis care settings will be equipped to identify and support those needs.

The development of a substantive A&E psychiatric liaison service at Worthing Hospital and St. Richard's Hospital in Chichester will be rolled out to East Surrey Hospital so that children and young people from north West Sussex have access to the same level of service. Where there is evidence of demand, the aim is to expand the service offer to extend the hours it is available, and introduce additional expertise, for example, social worker and psychology input. This would meet the needs of children and young people presenting at A&E with medically unexplained symptoms and long term conditions. The workforce in those settings will be trained to recognise and support children and young people with emotional and mental health issues.

The existing Urgent Help Service (UHS) will be re-designed in order to develop a consistent and coherent pan-Sussex pathway for all children and young people. The work is being led by Brighton & Hove CCG with input from the other

commissioning bodies via a steering group which will drive the implementation of the Urgent Help Pathway by 2020.

The challenges:

Rolling out the CAMHS A&E psychiatric liaison service to Redhill Hospital requires collaboration with East Surrey CCG, Surrey and Borders Foundation Trust and Surrey & Sussex Healthcare NHS Trust, in addition to Sussex Partnership Foundation Trust who currently provide the services in Worthing and Chichester. Similarly, re-designing the Urgent Help Service across West Sussex, Brighton & Hove and East Sussex is a complex process. Currently the three areas separately commission urgent help services and these need to be analysed and mapped before it is possible to progress towards a new pan Sussex service. Understanding the existing services, including finance, staffing, and geographical variation relies on data being provided by Sussex Partnership Foundation Trust, which remains the subject of on-going discussions.

Delivery:

Year	Key activities	Outcomes	Investment
2017-18	A&E psychiatric liaison service specification agreed; A&E psychiatric liaison service and team to increase and expand; A&E workforce training on mental health; Collaborative Re-design ToRs for Pan-Sussex Urgent Help Pathway agreed and implemented.	CYP experience a seamless transition to Adult and alternative services; CYP are protected from significant harm; Integrated, aligned and co-ordinated service delivery is in place	200,000
2018-19	Implementation of A&E service specification; Specification and procurement of UH Pathway; Integration of CYP IAPT programme within specification	As above	200,000
2019-20	Implementation of UH Pathway	As above	200,000

4. Extra Vulnerable Children and Young People

Our ambition:

is for all providers and their workforce to recognise that there are groups of children and young people who are at higher risk of developing mental health issues and to be proactive in establishing creative, accessible and responsive approaches. We will support professional development and environmental and system-wide change to ensure that by 2020 any child or young person in need of a service will have their particular requirements and circumstances understood and supported. In addition, we will enhance existing services by, for example, piloting therapeutic support to complement provision, and stimulate innovative interventions, including digital services, to ensure a breadth and depth of provision for the hard to reach and higher risk groups.

The challenges:

Data to inform commissioning are limited for some groups, such as LGBT and those currently experiencing sexual abuse and exploitation, and the small number and wide geographical spread of members of some groups make commissioning for access and equity a challenge. Specific expertise and professional development targeted at people working with these children and young people is in short supply. Alongside this, the market for the provision of high quality services is undeveloped in the third sector and requires attention.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Extension of therapeutic services for unaccompanied asylum seekers, CLA, ATS, CSE/A and complex disabilities; pilot LGBT service; audit and scoping for BaME; Workforce audit and development plan for equalities	More CYP have positive experiences of care and support; More CYP have good mental health; Early intervention is in place to support CYP at the point of need	450,000
2018-19	Trauma approach in place; Procurement of LGBT service if required; review and roll out of Boys and Young Men's pilot	As above	450,000
2019-20	Audit for equalities in all providers, embed CYP IAPT	As above	450,000

5. Prevention, Early Intervention and Targeted Services

Our ambition:

We will increase our focus on early intervention and continue to strengthen existing priorities funded through parity of esteem. By 2020, we will have a co-ordinated county-wide strategy for prevention and early intervention. This will be commissioned and delivered in partnership with existing and emerging services such as the County Council's Integrated Prevention and Earliest Help, SEND services and Healthy Child Programme. By working with schools and colleges, early years providers and Public Health, CYP and their families will have access to resources and support, including from digital technologies, regarding a wide range of issues including self-harm, suicide, mindfulness, eating disorders, and bullying.

The challenges:

Although we have already ensured the delivery of additional early intervention services, demand has increased and waiting times for appointments are beginning to rise. Whilst this is a symptom of success, the challenge is in maintaining the quality of service provision and developing additional alternative provision such as digital services.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Mobilise community mental health liaison service; expand activity-based therapy offer; consult and refresh offer to Schools and Colleges; facilitate YP led-digital services working group	More CYP have good mental health; Early intervention is in place to support CYP at the point of need; CYP will develop their resilience capability and know how to put this into practice	399,550
2018-19	Extend training to frontline professionals; implement recommendations from digital services working group; refresh prevention offer with public health colleagues, including suicide prevention	As above	399.550
2019-20	Review of co-ordinated early intervention service offer and potential procurement	As above	399,550

6. Health and Justice Pathway

Our ambition:

is to develop a health and justice pathway in West Sussex. Additional funding from NHS England has been identified to enhance the development of this pathway. Commissioners will be working with local providers and CYP to develop the pathway and deliver services so that by 2020 there will be an integrated therapeutic model for high risk vulnerable adolescents in residential accommodation who pose a significant threat to themselves and others. This will link with the MHCCC, in particular, the proposal to fund an emergency “place of calm” for young people in immediate crisis, and a step down facility for those moving out of secure accommodation. This will complement the model and pathways recently developed with key stakeholders and CYP for emotional wellbeing and mental health support for those children at risk of/and offending and build on the additional investment of psychology and clinical nurse specialist support to the Youth Offending Service within the County Council.

The challenges:

include working with the Youth Offending Board and the County Council to bring together specialist strands of provision and disparate and limited resources into an integrated pathway. This is planned to fit with the future development of the West Sussex accommodation and sufficiency strategies for children who are looked after. In addition, the council's children's services are undergoing re-organisation which may interrupt planning until April 2017. The secure unit provided by the County Council has had an OFSTED inspection raising matters to be addressed which might impact on delivery of the 'Place of calm'.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Enhance therapeutic support for Youth Offending Service; JSNA for Looked After Children; development of pathway including capital works	More CYP have good mental health; CYP will develop their resilience capability and know how to put this into practice; CYP are protected from significant harm	75,000 (plus new additional resources)
2018-19	Review pathway delivery including workforce; review of capital assets in welfare/secure unit	As above	75,000
2019-20	Co-ordinated offer of residential and therapeutic care across children's health and social care	As above	75,000

7. Workforce

Our ambition:

Is to work with, facilitate and support, our Provider organisations in recruiting, retaining and training staff to enable the provision of high quality services. In the interests of embedding expectations about the workforce, all our specifications will include assurances about workforce, appropriate skill mix, CPD and data capture.

We intend to build on the successful Mental Health Training Programme. This programme is led by a voluntary sector provider and delivered by a range of third sector partners and provides all staff working with young people across education, social care, health, youth justice and voluntary and community sectors the opportunity to attend a range of training sessions at minimal cost. We plan to expand this programme with targeted sessions for GPs and their practice teams.

For us, workforce is seen as the key enabler of system-wide transformation and is integrated across programme activities. Ensuring the development of a

strong, resilient, local workforce will remain a fundamental element of all commissioning and service development and we continue to work with colleagues at Health Education England to support our local providers.

The challenges:

We understand that there are considerable challenges nationally regarding recruitment of clinical staff and recognise that this is reflected in West Sussex. A key issue for us will be to work with Providers to ensure that workforce data are collated and accessible. This stream will need to integrate with the CYPIAPT programme to ensure a coherent system-wide transformation takes place.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Re-procure an expanded universal service emotional wellbeing training offer; Undertake GP Practice Pilot; New Community Mental Health Liaison Service in place with enhanced training offer to universal services; Audit services for trauma-informed approach and develop training programme; Continue identification and induction of EWB leads in schools	More CYP have good mental health; more CYP have positive experiences of care and support	100,000
2018-19	Capacity building in education settings in response to schools' plans for whole-school approach to mental health; Pilot of new roles as part of Neurodevelopmental Pathway	As above	100,000
2019-20	Scope capacity to support conduct disorder	As above	100,000

8. Neurodevelopmental Pathway

Our ambition:

is to ensure children, young people and their families and carers have a positive experience throughout their journey and receive support and services when they need them whether or not there is a diagnosis. This means the right people doing the right things in a timely way to achieve positive outcomes for families. We aim to reduce waiting time for ASC/ADHD assessments, improve support for children, young people and their families and develop a neurodevelopmental pathway.

The challenges:

There are challenges in improving services posed by the availability of reliable data, and there are workforce and skill shortages. There are robust partnerships to be created between different providers in order to meet our aims.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Implementation of plan to reduce waiting times; pilot key worker support for families; Neurodevelopmental pathway planning and workforce development plan	Time taken to receive a diagnosis and treatment reduced; integrated and aligned service delivery is in place; more CYP have good mental health.	300,000
2018-19	Pathway implementation; review post diagnosis and support pilots and scale up as appropriate; implement recommendations from digital services working group	As above	300,000
2019-20	Scope needs of hard to reach and in rural areas; consider strategy including digital services	As above	300,000

9. Transition

Our ambition:

By 2020 service users will experience minimal interruption in care and support when moving within and between services. We are working with Adults' Commissioners and SPFT's Transition Steering group to embed good practice and guidance in organisational procedures and through workforce development. We are incorporating the requirement for good practice in transition within all of our service specifications and will facilitate learning and development across all the providers we commission, including the community and voluntary sector. Ageless pathways will be developed, starting with eating disorders, and including perinatal mental health, from which lessons learned will be applied across the system incrementally. An options appraisal for service models will be suggested so that by 2020 the plan for transforming services for this age group will be in place.

The challenges:

The challenge is multi-faceted – it partly lies in agreeing and then integrating a shared good practice agreement and procedures across organisations of different shapes and sizes and cultures. We acknowledge, that whilst extending or creating a service to the age of 25 may be desirable, resources are constrained within traditional age allocations and a careful strategy to implement such an ambition would be required.

Delivery:

Year	Milestones	Link to Outcomes Framework	Investment
2017-18	Start multi-agency one stop shop Pilot; Support audit of transition practices in NHS Providers and subsequent training action plan	CYP experience seamless transition to adult services and other support services; integrated, aligned and co-ordinated service delivery is in place	100,000
2018-19	Evaluate pilots and commission as appropriate; develop system-wide action plan to deliver improvements; JSNA, analyse and map services; develop options appraisal of potential service models	As above	100,000
2019-20	Establish Steering group to steer preferred option and project management approach	As above	100,000

Finance

The CCGs in West Sussex have agreed to commission CYP emotional wellbeing and mental health services using a county-wide approach in partnership with the Council under the auspices of the Children and Families' Commissioning Team. This joint commissioning approach ensures there is equitable coverage of services across the County.

The table below shows the allocation of funding received from NHSE for our programme for the current financial year (16/17).

Table 1 Funding 2016/17 by CCG

	Eating Disorders £	Transformation Fund £	% allocation applied
CWS	285,000	1,131,282	62.8
HMS	113,000	448,798	23.7
Crawley	66,000	260,470	13.5
Total	464,000	1,840,550	2,304,550

The NHS Five Year Forward View suggests that there will be an annual increase in resource allocation to mental health services until 2020/21 but this has not been assumed in the calculations in the table below. Whereas funding was initially disbursed via a distinct funding stream, it is now integrated into the CCGs' baseline, and measures within each CCG will need to be taken to ensure that this resource is dedicated to the programme and protected from financial pressures being faced in the wider system.

Local Transformation funds will continue to be allocated to our priorities as outlined below, and based on this year's funding. These priorities and financial allocations will be reviewed annually by the Partnership Board, as required by NHSE, and therefore may be amended to reflect changes in demand, performance and successes, and availability of funding.

Table 2 Proposed allocation of LTP funds for 2017/18 by CCG

Priority	Area of Focus	CWS	H&MS	Crawley	Total for West Sussex £
1	Eating Disorders	285,000	113,000	66,000	464,000
2	CYP IAPT	72,220	27,255	16,000	115,000
3	Crisis Care and Urgent Help	125,600	47,400	27,000	200,000
4	Extra Vulnerable	282,600	106,650	60,750	450,000
5	Prevention, early intervention and targeted services	250,917	94,693	53,939	399,550
6	Health and Justice	47,100	17,775	10,125	75,000
7	Workforce	62,800	23,700	13,500	100,000
8	Neurodevelopmental Pathway	188,400	71,100	40,500	300,000
9	Transition	62,800	23,700	13,500	100,000
10	Access to Digital Services	628	237	135	1,000
11	Programme Management	62,800	23,700	13,500	100,000
Total		1,440,857	549,210	314,949	2,304,550

2. The case for change

Demographics and key features of the population of CYP in West Sussex

West Sussex is a diverse community with approximately 170,400 children and young people (CYP) under the age of 18 years. This is 20.4% of the total population, with approximately 11.5% of our CYP living in poverty.

The number of CYP from minority ethnic groups is well below the national average, accounting for 13.4% of all children, compared to the national average of 25.5%, with the largest minority group being Asian/Asian British and Mixed/Multiple Ethnic.

West Sussex is a net importer of looked after children. In August 2015 there were 639 Children looked after (CLA) in West Sussex and in 2016 the number was 688. The 2011 census showed 3.3% of children have a disability – so it can be assumed this is the local prevalence. West Sussex Child Disability Team has a case load which varies between mid 500 and mid 700 (currently at the high end of this figure). CHIMAT data indicates 1.03 per 1000 children with profound and multiple learning difficulties are known to West Sussex Schools.

West Sussex has a significantly high rate of CYP admissions to hospital as a result of self-harm at 581.6 per 100,000 per population in 13/14 (source CHIMAT) which rose to 665 per 100,000 in 14/15 for 10-24 years, equating to 668 hospital admissions (source PHE). However, it should be noted that there are concerns about data coding which means this figure may not be reflective of deliberate self-harm. There was a rate of 75.8 per 100,000 population 0-17 years for mental health conditions for the same period, equating to 128 admissions.

Joint Strategic CYP Mental Health and Emotional Wellbeing Needs Assessment

Our plans have been designed with the needs of CYP at their heart. A Joint Strategic CYP Mental Health and Emotional Wellbeing Needs Assessment and Mapping of Services (The Needs Assessment) was undertaken in 2014, and gave us an up to date and comprehensive assessment of our local needs (*insert hyperlink*). It was completed by the West Sussex Public Health Research Unit and focused on CYP between the ages of 0 and 18 (although the needs of those aged up to 25 were also considered).

In addition to an analysis of national and local datasets, the views of CYP, parents, carers and professionals were sought and integrated into the findings. The mental health fingertips tool is used routinely and used as part of the needs assessment, redesign of local children's emotional wellbeing and mental health services and development of the outcomes framework.

Information from population level emotional wellbeing has also been analysed from the national 'What about YOUth?' Survey, to consider wider population level needs, and this has supported West Sussex data to be benchmarked with regional and national findings.

Demand for CYP mental health services

The NHS CAMHS provider (SPFT) in West Sussex received a total of 4,081 referrals April 2014 to March 2015 (monthly average 340 referral, although there are peaks and troughs in referrals aligned to school holidays). Contract monitoring indicates that 95% are offered a first appointment within 4 weeks and first treatment by 18 weeks.

Around a third of all referrals received by specialist CAMHS services are triaged as not being appropriate. In the twelve months (April 2014 to March 2015) 1,270 of the 4,081 referrals received were assessed as not appropriate for CAMHS specialist services and signposted.

The table below captures this information and serves as part of the baseline data for measuring improvements and impact of changes to services. The baseline can be compared to the data collated for 2015-16.

Table 3 Data from SPFT 2014 – 2016

	2014/15	2015/16
Referrals Received	4,081	4,371
Monthly Average	340	364
% Offered first appt. within 4 weeks	95	95
% offered treatment within 18 weeks	95	95
% Referrals signposted not meeting CAMHS threshold	31	37
% Urgent requests for treatment	9	8
% Cases meeting 4 hour urgent criteria	24	39.7

The West Sussex Needs Assessment provides evidence that the current level of referrals is not reflective of the mental health needs of the CYP. This indicates that there are 10,900 CYP in West Sussex (aged between 5 and 16) with a diagnosable mental health problem. With expected population change, this number is expected to increase by 10% by 2021.

Prevalence of problems differs by age and gender. Overall 10% of 5-16 year olds were found to have a mental health disorder; 7.7% of 5-10 year olds and 11.5% of 11-15 year olds, with boys estimated to have higher prevalence than girls overall.

The most common mental disorders were: anxiety, depression, eating disorders, conduct disorders, Attention Deficit-Hyperactivity Disorder (ADHD) and self-harm.

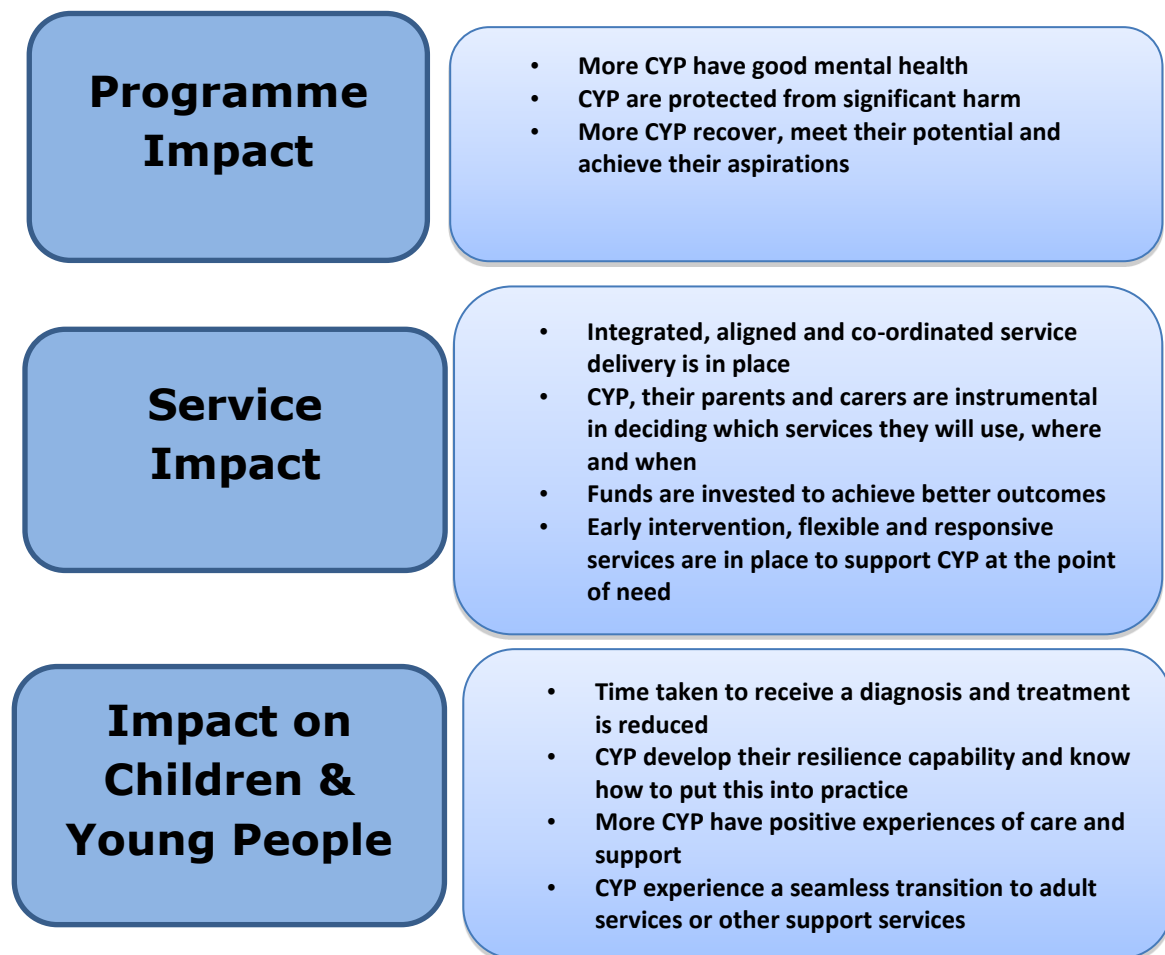
There are known risk factors for poor mental health in childhood, including poverty, poor housing, and identifiable vulnerable groups, including CLA, children with a learning disability, young offenders, being discriminated against, children affected by parental domestic violence, substance misuse or poor mental health. Many CYP will have multiple risk factors and have a number of mental health problems.

We are currently undertaking demand and capacity analysis with the national improvement organisation NHS Elect and partners, focusing on children and young people diagnosed with, or waiting for diagnosis of autistic spectrum disorder/ADHD. This area was chosen because it affects children and young people of all ages, is experiencing a national and local increase, and providers across the NHS and third sector are involved in service provision. Therefore, it will help us learn about system strengths and weaknesses and support longer term planning.

3. How we measure progress and maintain standards

We have a strong outcomes-driven approach which is embedded in all our specifications, project proposals and monitoring mechanisms. We expect all our service providers, large and small, to deliver evidence of progress towards meeting agreed outcomes and, where necessary we build their capacity to put this into effect. For instance, this year we worked with third sector providers to implement YP Core to measure progress for young clients of targeted and early intervention services. Our overall outcomes framework is applicable to all our services, and programmes funded by the LTP have been incorporated into the framework. The Outcomes Hierarchy is in Fig. 1 below and contains outcomes derived from consultation with young people, including service users.

Figure 1 Outcomes Hierarchy



Impact Measurement

A monitoring and evaluation (M&E) working group was created with members drawn from commissioning, public health, data analysts and input from independent consultants conducting specific pieces of work, such as economic evaluation. This group oversees, implements and reviews the monitoring and evaluation framework co-produced with young people to ensure that the

programme meets clinical, service user experience and performance outcomes (see Fig. 2 below).

The M&E framework provides for the measurement of short, medium and long term change and impact over time across a range of dimensions including quality and equity. To maximise existing databases, most information is being captured using existing sources, however, the Public Health Research Unit has been commissioned to develop specific tools where there are gaps in the local and national evidence bases, including a biennial lifestyle survey of 10 year olds. One challenge has been the absence of comprehensive baseline data and, in some instances, first quarter performance data 2016/2017 have been used instead.

The M&E Framework incorporates a timetable for developing a baseline, annual data gathering, analysis and reporting, mid-term review (2017/18) and end of term review (2020). The availability of commissioner data from the revised national minimum dataset will contribute to the mid-term and end of term reviews, and to future needs assessments.

Each new service is developed to meet one or more of the outcomes and providers are contractually required to monitor for those outcomes alongside other key performance indicators, as well as for national standards such as the Waiting times and Access Standards, where appropriate. All early intervention providers are invited to participate in a forum which includes workshops on performance monitoring, data capturing and developing a Common Minimum Dataset for use by commissioners.

The ambition is to create an interactive digital platform to present the work of the M&E working group, including the framework, data, reports and tools in order to share resources, promote evaluative practices, theories of change and knowledge management, and in turn gather information and evidence from service users, their families and providers. However, in order to fulfil this aim the necessary skills and infrastructure would need to be sourced from outside the commissioning team.

The M&E framework summary is in Fig. 2 which shows how the Outcomes Hierarchy is translated into measures to monitor and evaluate service provision. It complements the NHS Outcomes Framework and the Public Health Outcomes Framework.

Fig. 2 Monitoring and Evaluation Framework

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

Quality standards

All commissioned services are expected to contribute to the programme's outcomes framework (see Impact Measurement section above) and to the outcomes and standards described below, which are reflected in individual service specifications.

Table 4 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

Table 5 Public Health Outcomes Framework

Domain 2	Health Improvement
Domain 4	Healthcare public health and preventing premature mortality

Legal, regulatory and policy framework

Services will operate according to legislation and guidance with particular reference to:

- The Mental Health Act 1983 (amended 2007) and Code of Practice, including protocols for emergency assessment under Section 136
- Mental Capacity Act 2005
- Children's and Families Act 2014
- Equality Act 2010
- National Service Framework standard 8 and 9. 2004
- Care Act 2014
- The Human Medicines Regulations 2012
- Safeguarding procedures (e.g. Working Together to Safeguard Children 2013)
- NHS and Social Care Act (2011)
- Children and Families Act (2013)
- The findings from serious case reviews in particular the requirements to share information in a timely manner. See Working Together to Safeguard Children for further guidance
- Health and Social Care Guidance
- Future in Mind, Department of Health (2015)
- No Health without Mental Health; Department of Health (2011)
- Talking Therapies, a four year plan; Department of Health (2014)
- Closing the Gap; Department of Health (2014)
- Mandates to NHS and Health Education England
- Chief Medical Officer's Annual Report on State of Public Health (2014)
- Department of Education Guidance

If appropriate the provider will be registered with the Care Quality Commission.

All professionals will remain compliant with their relevant professional standards and bodies and be revalidated as required, such as Psychologists, Nurses, Social Workers, Medical and Psychiatric Doctors. The provider will have an indemnity scheme.

Standards

Services will be expected to comply with the following NICE Quality Standards where relevant. The following will be reviewed upon the publication of further guidance. Please note that the list below is not exhaustive.

Table 6 NICE quality standards relating to mental health and emotional wellbeing of children and young people

NICE Quality Standard/ Guidelines number	Title and link	Published	Review	Age range
QS31	Health and wellbeing of looked-after children and young people	April 2013	Apr 2018	0-18
QS34	Self-harm	June 2013	June 2018	Children and young people from 8 and adult
QS39	Attention Deficit Hyperactivity Disorder	July 2013	July 2018	Children and young people from 3 and adult
CG28	Depression in children and young people	Sept 2005	Dec 2015	>18
QS48	Depression in children and young people	Sept 2013	Sept 2018	5-18
QS51	Autism	Jan 2014	Jan 2019	Lifespan
CG 128	Autism diagnosis in children and young people	Sept 2011	Nov 2014	<18
QS53	Anxiety Disorders	Feb 2014	Feb 2019	Lifespan
PH 12	Social and emotional wellbeing in primary education (March 2008)	To be scheduled		4-11
PH 20	Social and emotional wellbeing in	2017		11-19

NICE Quality Standard/ Guidelines number	Title and link	Published	Review	Age range
	secondary education (Sept 2009- reviewed Sept 2012)			
PH 40	Social and Emotional Wellbeing –Early Years	October 2012	2017	1-5
PH 28	Looked after children and young people (October 2010- refreshed May 2015)	To be scheduled		0-25
NG43	Transition from children’s to adults’ services for young people using health or social care services	February 2016		0-18
PH 4	Interventions to reduce substance misuse among vulnerable young people	March 2007		< 25
QS59	Antisocial behaviour and conduct disorders in children and young people pathway	April 2014	April 2019	< 18
CG 158	Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management	March 2013		<18
CG9	Eating disorder	January 2004	TBC	Children and young people from 8 and adult
CG78	Borderline personality disorder	January 2009	January 2015	Adults and young people (<18)
CG 155	Psychosis and schizophrenia in children and young people	Jan 2013		< 18

Services will be expected to comply with the applicable standards set out in guidance and/or issued by a competent body (e.g. Royal Colleges) such as:

- British Association for Counselling and Psychotherapy
- Youth Wellbeing Directory & ACE V Quality Standards
- Child Outcome Research Consortium (CORC)
- CYP IAPT Accreditation Council (NHS England)

Services will be expected to include their clients when designing and monitoring services. Such Standards for young people's and parents/carers' participation are listed here:

- Department of Health (2011) Quality Criteria for young people friendly health services ("You're Welcome") sets out principles to help commissioners and Providers to improve the suitability of NHS and non-NHS health services for young people
- National Youth Agency (2006) Hear by Right. Standards for young people's participation (not specifically mental health) (purchase price)
- Health and Social Care Advisory Service (2008) Turning what young people say into what services do. Quality Standards for children and young people's participation in Children's Emotional Wellbeing and Mental Health Services is based on the Hear by Right standards above and adapted specifically for CAMHS.
- CYP IAPT Principles in Children's Emotional Wellbeing and Mental Health Services Services: Values and Standards "Delivering With and Delivering Well" (March 2014) was developed by young people, commissioners and providers and includes standards regarding participation based on feedback from young people involved in the CYP IAPT Programme.

4. Who we work with

The West Sussex Health and Wellbeing Strategy 2015-18

The vision of the West Sussex Health and Wellbeing Strategy (2015/18) is:

"To achieve improved health and wellbeing outcomes across all local health and care services and for the whole population"

Core to achieving this vision is the widest possible integration of health and care services and our plan complements - and helps to implement - that vision.

For example, the West Sussex Health and Wellbeing Board (HWB) has three stated priorities, one of which is improved wellbeing and resilience. In this context, local transformation means a comprehensive system for wellbeing and resilience for the whole of the West Sussex population that is locally based and better integrated with treatment services.

The LTP will support services to respond to what can go wrong in children and young people's lives *and* be in the best position to strengthen what can make them go well.

With regards to wellbeing, the direction of travel includes the development of psychological and emotional skills and attributes, relating to self-confidence, autonomy, positive focus, optimism and the ability to understand the value of emotions and use them to move forward in positive directions. A resilience focus will strengthen individual coping strategies, and will be considered in the context of external factors such as families, schools and communities. Mental health promotion will include a focus on the 'Five Ways to Wellbeing' (NEF, 2008); a set of evidence-based actions which promote people's wellbeing.

Transformation will give every child the best start in life, by supporting families to develop positive attachments with their children, especially in their first three years, leading to neurological developments which are the most conducive to a child's ability to build productive relationships, regulate emotions, communicate, solve problems and strengthen self-esteem.

The plan is to support schools to embed wellbeing and resilience within their culture, ethos and curriculum. All students should benefit from a school wide approach – but extra vulnerable students will benefit the most. Increased self-esteem, positive relationships and emotional intelligence through the school setting will lead to greater capacity to enjoy life, cope with stress, focus on important personal priorities and academic attainment.

Engagement and consultation with CYP and stakeholders

Our ambition is to continue to ensure that the voices of children and young people and their parents and carers are at the heart of pathway development, service design, implementation and evaluation. In West Sussex, extensive involvement, engagement and participation with including current and existing

service users is common practice throughout the commissioning cycle, and developing and refreshing the Transformation Plan. We are currently rolling out the # i am whole campaign in West Sussex, and are leading on various campaigns including 'Let's Talk About It' and 'Take Over Challenge'.

Since November 2015 children and young people have:

- Evaluated bids for contracts for blended counselling and advocacy services
- Advised on re-design of community mental health services
- Advised on gaps in services for young people identifying as LGBT and for cyp who have experienced sexual abuse and exploitation
- Co-produced service materials
- Contributed to the design of clinic waiting rooms
- Discussed priorities for the Transformation Plan

Commissioners:

- Will continue to fund the Free Your Mind Annual Convention
- Have funded a Participation Worker in the NHS provider, SPFT
- Will set up a Young Person's Steering Group for the LGBT pilot
- Continue to require Providers to take account of their clients' views in service implementation and development

As important to us is engaging with key stakeholders including clinical experts, county council commissioners for children who are looked after, early help, SEND, and other key stakeholders such as schools and local providers. Our plans, such as this refreshed Transformation Plan, and individually commissioned services, are quality assured by clinical reference groups, and additional clinical expertise is bought in as required, as for instance, with the re-design of primary mental health services and eating disorders.

Regional joint working relationships

The Commissioning Team fully embraces the support of the London and South East CYP IAPT Collaborative and South East Clinical Networks (including Eating Disorders, CYIAPT, CSE and CSA) to share models and pathways, collaborative practice and share learning. We actively contribute to QNCC peer reviews of services and are currently supporting a National Expert Reference Group in partnership with the National Collaborating Centre for Mental Health.

Where appropriate, we aim to develop pan-Sussex services and in the last 18 months we have been leading on collaborative commissioning with East Sussex and Brighton & Hove to develop an eating disorders service Sussex-wide. Similarly, work has begun on a crisis care pathway for Sussex which will come to fruition in 2019/20.

Joint working arrangements with NHS England specialised commissioning teams and Health and Youth Justice Teams have developed with success in relation to a secure unit and attracting funds for further commissioning. This will improve collaborative commissioning, and across sectors to establish clear and coherent care pathways.

Work is developing with Adults' Commissioners and Providers to improve outcomes for young people moving into adult services and Children's commissioners were involved in the re-design of Adults' targeted services. Adults and Children's Commissioners belong to SPFT's Transition Steering Group and are working collaboratively with Commissioners and Providers in East Sussex to learn from innovative services for young people aged 16-25. Following publication of the NICE Transition Guidance, we have begun to organise a Sussex-wide conference, in partnership with SPFT, exploring best practice relating to transition and how to embed it system-wide. This is being held in March 2017.

Health Education England (HEE) is well represented on the West Sussex Emotional Wellbeing and Mental Health Training Development Group, and has contributed funding to support the development of a pilot to deliver emotional wellbeing and mental health training to primary care workforce in West Sussex.

Sustainable Transformation Plan

Joint commissioners are working closely with planning staff within our three CCGs and the STP footprint areas across Sussex and East Surrey to ensure that the implications of our transformation of care for CYP is integrate to their wider planning of health and care services. For example, the emphasis in STPs on a Five Year Forward View and multi-year plans fits neatly into our own LTP and redesign strategies and yearly work programmes. Furthermore, our emphasis on using the evidence of early intervention to commission new services for CYP can provide to lessons for other service areas.

Early Intervention in Psychosis

The EIP service in West Sussex provides community-based support to people aged up to 65 years old who are experiencing their first episode of psychosis (FEP). This includes an offer of NICE-recommended treatments. The service provides ongoing training and support to all partners on the service pathway – including the specialist CYP MH service – to ensure that all people with a suspected FEP are referred to the service quickly for assessment and, where necessary, treatment. The lead for EIP is with Adults' Mental Health Commissioners who work closely with us to monitor and develop the service.

Mental Health Crisis Care Concordat

The West Sussex Mental Health Crisis Care Concordat (MHCCC) action plan has a specific section dedicated to CYP. West Sussex is unusual in that it has developed a separate Children's Plan in response to the MHCCC to ensure a sharp focus to on the needs of CYP through a whole system approach to crisis care at a local level. There are explicit links to the LTP.

Having identified a key gap in A&E liaison psychiatry, a pilot service was implemented and evaluated in 2015-16. We know that 133 risk assessments and 67 follow up appointments were undertaken in the nine month pilot period. As these figures demonstrated a need the service has been extended and is being

rolled out to the north of the county. Discussions with adult mental health commissioners to link this work with the new working and older age adults' mental health liaison services have been taking place to see if we can achieve synergies and economies of scale.

The West Sussex MHCCC has undergone a robust approval and assurance route and reports every six months to the Health and Wellbeing Board on progress.

5. How plans are governed

Oversight and quality assurance from the perspective of CYP is provided by the **'Free Your Mind'** group, mentioned previously. The group actively ensures the voice of CYP is at the heart of transformation.

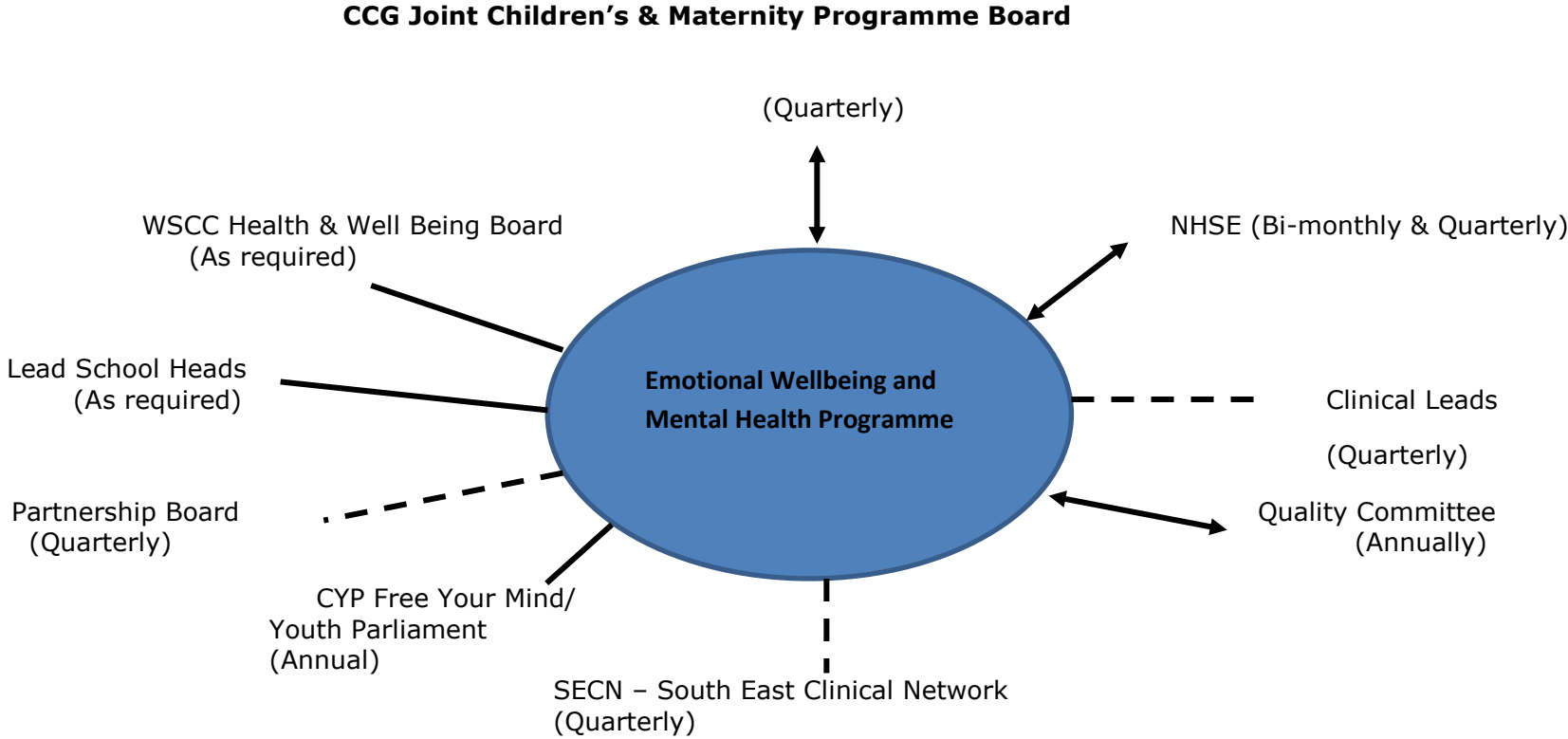
The lead organisation for the LTP is CWS CCG, as it undertakes the lead role on mental health commissioning on behalf of the three CCGs. CWS also take the lead on the block contract with Sussex Partnership Foundation Trust (SPFT), the provider of all specialist community services and some targeted early intervention services (NB: SPFT are also the local provider for in-patient services through the contract with NHSE).

The LTP is reported and monitored through the Health and Wellbeing Board at a strategic outcomes level, and the 2016 plan was endorsed by the Board in October 2016. At delivery level, commissioners report to Joint CCG Children and Maternity Programme Board. This Joint Board includes the CCGs' Chief Operating Officers, GP Clinical Leads, Public Health Managers, Safeguarding Manager, County Council Children's Officers and other Children and Families' Commissioners and leads.

At the end of 2015 the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board was established as a multi-agency group responsible for monitoring and supporting commissioners in implementation and review. Included on the board are senior officers from the third sector and NHS providers, commissioners of related services, school and college head teachers, GP clinical leads, county council education and children's services' officers and representation from public health. It meets quarterly to provide advice and guidance and oversee issues and risks to delivery.

The Children and Families Commissioning Team (working on behalf of the three CCGs and the Council) is responsible for day to day implementation and delivery of the LTP. Team members report on progress to the Regional team of the NHSE on a bi-monthly basis, attend NHSE regional Transformation Steering Group meetings and contribute quarterly to the NHSE's Mental Health Assurance Audit. In addition, financial planning and monitoring is supported by finance officers and reported as part of Horsham and Mid Sussex (the finance lead for the three CCGs) financial reporting mechanisms.

Figure 3 Governance and reporting structure



KEY:

- ↔ Accountability
- Responsibility
- - - Critical Friend

Publishing the Transformation Plan

The 2016 transformation plan is available on CCG websites and on the WSCC website. A version accessible to children and young people is planned.

For further information

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