

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

Version 3, published October 2017

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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 the Chair of the Kent Health and Wellbeing Board

In September 2014, partners on Kent Children's Health and Wellbeing Board published an 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. Other plans have since followed based on these recommendations and this Local Transformation Plan builds on the strategies and work to date.

The recommendations we initially made laid the foundation for a new system of support that extends beyond the traditional reach of commissioned services, recognising that promoting and protecting emotional wellbeing and the mental health of our children and young people is far bigger than an individual organisation or activity. To this end, the Emotional Wellbeing Strategy and the initial Local Transformation Plan (2015) have successfully brought together a wide range of partners to work collaboratively and with transparency, to improve outcomes for our children and families. At the heart of our new system is supporting children, young people and their families to know how to look after and improve their mental health themselves.

Activity to date has included the Kent NHS Clinical Commissioning Groups and Kent County Council working collaboratively to deliver both a new Children and Young People's Mental Health Service and a new School Public Health Service for primary school-aged children and adolescents. These services focus on delivering improved services for those children with specialist mental health needs and also, as importantly, ensuring improvements are driven across the whole system so that we promote good emotional wellbeing at the earliest possible point. In addition, investment from the Transformation Fund has funded innovative projects engaging new partners including new ways of working with schools to support children and young people of all ages through new opportunities such as the Mind and Body Programme that runs in schools..

We refreshed our Local Transformation Plan in 2016, and have done so again in 2017, to provide an overview of our progress in 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 Kent programme, will enhance and help steer our efforts moving forward. Our plans for the future are strengthened by ever closer working together. Children's emotional wellbeing and mental health is a key priority in Kent, and through this strategy we retain and build on our commitment to support children and families to understand how to take care of their mental health and access support when needed.

Peter Oakford

Chair of Kent Health and Wellbeing Board

October 2017

Foreword by Kent Clinical Commissioning Group Clinical Leads

During the two years since publication of the first *Kent Transformation Plan for Children, Young people and Young Adults' Emotional Wellbeing and Mental Health* in December 2015, along with the NHS England publication of *Future in Mind*, there have been significant developments that have occurred to improve services for children and young people.

Clinical Commissioning Groups (CCGs), Kent County Council (KCC) and partner agencies have joined up and followed through on a whole-system change that is required to improve children and young people's services and improve clinical, psychological and social outcomes. A new Children and Young People's Mental Health Service (previously known as CAMHS) and an Adolescent Health and Targeted Emotional Health Service has been procured focusing on the need for early access, evidence-based treatments and improved clinical outcomes and quality. These new services will offer a Single Point of Access (SPA) providing ease of contact, consultation and self-referral. The SPA has been designed with Early Help and Prevention Services who will already have mental health workers integrated within their units. Together, the new services now offer a greater focus on universal prevention through building resilience, intervening early, engagement and support for schools. In addition, HeadStart Kent, a Big Lottery research and development programme, is an integral part of this Transformation Plan as it is testing approaches to building resilience.

There is also a greater focus on digital and self-help which has been shown to have a clear benefit for children and young people who may consider they are suffering with emotional, wellbeing or mental health problems. Digital applications and web-based help/information can offer self-help opportunities or ensure a young person knows how and where to seek appropriate help. Significant investment has been made to ensure improved services are and will become available to vulnerable groups such as Looked after Children, disabled young people, care leavers and young offenders.

Children and young people's transformation is ambitious and by 2021, we will deliver seamless pathways for children and young people from 0 - 25 years with a view to removing the transition problems between child and adult services where continuity of care and support could be lost. The new Eating Disorders Service spans all ages and offers evidence-based therapies, self-referral and more continuity of care and intervention early in the illness which will lead to higher cure rates. This is a model which is now to be used over multiple children and young people's services.

The increasing strong link between Kent's 7 CCGs, KCC, and many partner agencies allows for multi-service planning, ensuring that services are truly collaborative and effective in promoting prevention and early intervention wherever possible. Leadership is provided by the Kent Children and Young People Mental Health and Wellbeing Transformation Board (a sub-group of the 0 – 25 Health and Wellbeing Board) which is establishing strategic links to Kent and Medway's Sustainability and Transformation Plan.

These with other specific changes have helped to start the transformation that children and young people need in Kent; to continue to improve services, ensure quick access to assessment and care; build support for families; improve the confidence and resilience of our young people and ensure we reduce the stigma of emotional and mental health problems that can affect young people.



Dr. David Chesover



Dr. David Grice



Dr. Sarah MacDermott

Members of the Kent Children and Young People Mental Health and Wellbeing Transformation Board and clinical leads for children's mental health and emotional wellbeing for the Kent CCGs

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1. Executive summary

[Future in Mind](#) (NHS England and Department of Health, 2015) provides us the challenge and mandate to develop a whole-system approach to emotional wellbeing and mental health in order to deliver a fundamental culture change to better support children, young people and families.

This Local Transformation Plan for Kent (version 3) sets out the imperative and the vision for achieving fundamental positive change by 2021, so that every child, young person and family are given the tools they need to grow their emotional wellbeing and resilience, and ensuring that those needing specialist support get it when they need it. To deliver this vision, we have focussed on how children and young people's emotional wellbeing and mental health support should be provided across the whole system.

In this iteration of the plan, we have further developed our key themes in response to what children, young people and their families tell us, and to our growing shared understanding of how to deliver transformation. The key themes are:

- **Reach and resilience** – *Children, young people and young adults are supported through their lives by people who have the competency to meet their needs and grow their resilience and within an environment that reduces stigma. Adults who are important in the child, young person or young adult's life are given the skills and tools to deliver consistent messages and support which empowers and supports the child*
- **Early intervention and prevention** – *Children, young people and young adults who are experiencing prolonged periods of emotional, social or behavioural difficulties are supported within universal or family settings so that we prevent or minimise the risks of problems emerging and respond early if difficulties emerge*
- **Specialist support** – *Children, young people and young adults are identified early and receive proactive and persistent support. Children, young people and young adults receive a timely service with seamless pathways*
- **Crisis** – *Children, young people and young adults receive support that promotes recovery, and they are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions*
- **Whole-system enablers** – *Developing and implementing system enablers and infrastructure to support the delivery of transformation, including data systems, workforce and whole-system pathways*




As with any systemic and fundamental change across a county as large as Kent, and regarding an agenda as complex as emotional health and wellbeing, transformation has graduated to become a focussed, holistic and partnership-driven approach. The partnerships and approach to deliver transformation and to own this plan have become more robust over the past 12 months which is reflected in the following aspects of this plan:

- Updated and improved vision and ambition for children, young people and their families
- Strengthened approach to the Local Transformation model
- Notably improved understanding of the baseline, where we need to get to by 2021 and what success will look like
- Refreshed and current needs assessment of emotional wellbeing and mental health for children and young people in Kent

- Detailed information on the achievements to date delivered through the transformation programme
- Focus on expanding the approach from just relying on services to use of resilience hubs, advice and guidance and use of social media

There is significant national attention on how transformation will be delivered across the country, and NHS England have introduced a key national ambition that 35% of children and young people with a diagnosable mental health need will receive treatment by 2021. In this plan we outline how we are measuring this target and will send data into the Mental Health Services Data Set within timescale so we can compare with other areas.

This plan outlines the challenge and our response to that challenge with a clear delivery plan, Key Performance Indicators and governance with a view to ensuring the robust and sustained delivery of transformation in Kent. The Kent Local Transformation programme is progressing well with increased understanding and commitment across all agencies and we are seeing improved outcomes and access to services for our children, young people and families.

<p>Peter Oakford</p> <p>Chair, Kent Health and Wellbeing Board</p> 	<p>Dave Holman and Karen Sharp</p> <p>Joint Chairs, Kent Children and Young People Mental Health and Wellbeing Transformation Board</p>  
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2. Background and context

2.1. Introduction to this document

The *Kent Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health* (throughout this document referred to as the Local Transformation Plan – LTP) was first published in December 2015. We want to ensure that this LTP remains relevant, 'live' and accessible and so we have published updated versions annually each October. Alongside this version we have published an 'easy read' summary and in 2018 we will develop and publish an 'easy read' summary for those with specific learning needs.

This version is the third annual iteration, published in October 2017. To make sure that the LTP remains succinct and easy-to-read, we have moved some detail relating to the previous versions into the appendix and updated every section with the most important and relevant information. We've also included a glossary (see [Appendix 1](#)) to define key terms and acronyms, as we realise that some of the phrases used are quite technical. Both the original 2015 version, and the October 2016 refresh version, can be found as [Appendix 2 and 3](#) for reference.

We refer to 'children and young people' when referring to children up to the age of 18 and make specific note when the age group extends to 25. We also refer to 'family' when referring to anyone who may be involved in the care of a child or young person.

2.2. Background

Prior to 2015, we knew that children and young people were not always able to access the help they needed in their communities, schools or specialist services. There were a large number of children waiting a long time for specialist professional help, who were struggling within their family settings, schools and/or employment.

In 2014/15 partners of the Kent Children's Health and Wellbeing Board worked together to develop a strategy for improving children and young people's emotional wellbeing and mental health. Through research, talking to experts, children and families, and engaging with professionals across the whole-system, *The Way Ahead* (see [Appendix 4 and 5](#)) was developed and published. *The Way Ahead* articulates a model which laid the foundation for a new approach to meeting the needs for our child population. We refer to this as a *system-wide approach* to emotional wellbeing and mental health for the children of Kent, which means that it involves the whole system around a child which includes family, community, voluntary sector, education, early help, social care and health.

Using *The Way Ahead* as the Kent framework, Kent's Clinical Commissioning Groups (CCGs) and partners responded to national policy such as [NHS Five Year Forward View](#), [NHS Five Year Forward View for Mental Health](#), and published the first *Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Emotional Wellbeing* in December 2015.

2.3. How our LTP has been developed

In our original plan in 2015, we had the benefit of drawing on recent and robust data from the children and young people's [mental and emotional health needs assessment](#) which was developed by colleagues in Public Health, Kent. This needs assessment was seen as national best practice and enabled us to focus our investment and energy on identifying the gaps within the whole-system and putting in place evidence-based solutions. In 2017, our Public Health partners have recently refreshed the [Health Needs Assessment for Emotional and Mental Health of Children and young people 2017](#) giving us richer and more focussed data on how to move to the next phase of transformation work. [Section 5](#) gives an outline of the headline findings.

Using the refreshed needs assessment, we started to plan for this iteration of the LTP in early 2017. Part of the development phase of this plan was to engage all members of the Kent Children and Young People's Mental Health and Wellbeing Transformation Board (KTB) in an 'induction' day where we were afforded the opportunity to establish a baseline of understanding across the whole system and develop our vision and ambition for the future. In the past year, the KTB membership has expanded and driven forward an increasingly integrated approach to transforming our whole-system.

All key partners, including children, young people and families, have influenced the design and development of local transformation and this plan, for example; young people have been actively involved in the re-procurement of services and have been active in directing and delivering the HeadStart Kent programme in its third phase. They remain active in sharing their experience of interventions commissioned through Transformation Funding, such as Mind and Body, which contributes to addressing stigma of approaching services.

In developing our ambitions, understanding our gaps and identifying actions for this iteration of our LTP, we have collectively recognised how different it 'feels' this time in pulling together this multi-sectoral, system-wide plan. There is an increased sense of partnership and shared responsibility to deliver our collective vision. It has been described as a 'journey', and the figure below is an extract from a collaborative workshop aimed at developing this plan.

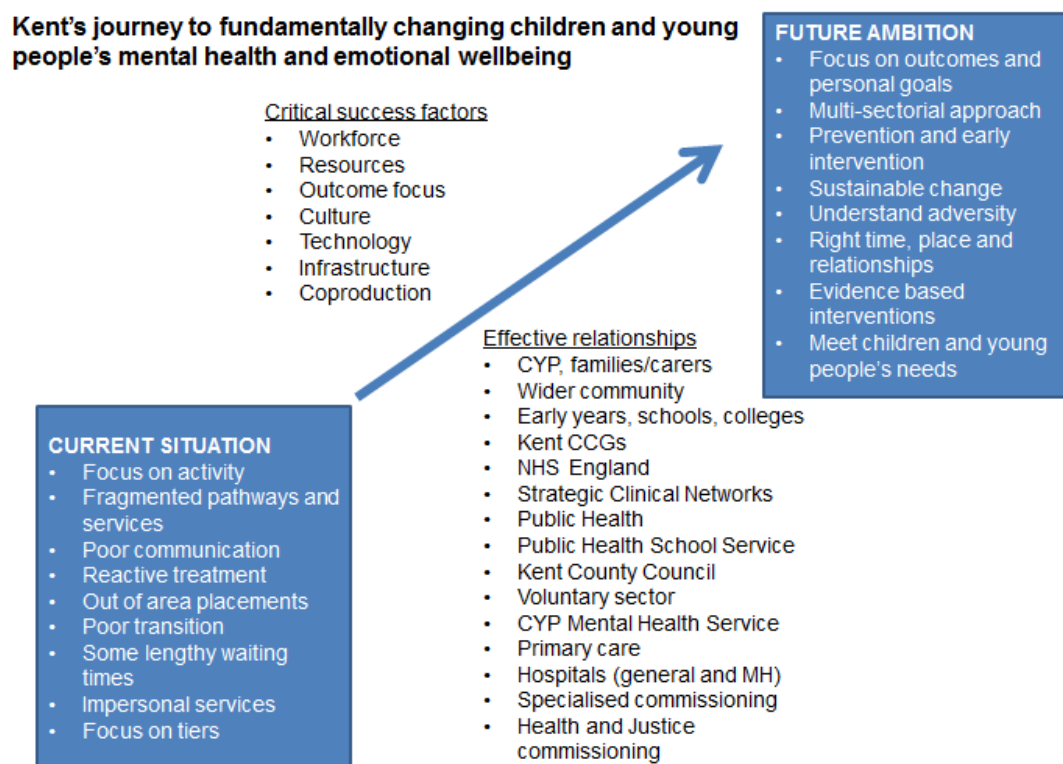


Figure 1

2.4. Quality assurance of the plan

To ensure that we publish a robust plan and deliver an effective programme of work, we utilised existing NHS England frameworks and developed a health inequality impact assessment described below:

- *NHS England LTP Guidelines* (also known as the KLOE): During the development of this document, NHS England has issued all CCGs with an outline of what they expect to see in an LTP. We have used these NHS England guidelines as a self-assessment tool to improve our LTP. The self-assessment can be found in [Appendix 6](#).
- *Health Inequalities*: A health inequalities impact assessment ([Appendix 7](#)) has been developed and will be implemented within each theme and findings will be reported back to the KTB by January 2018. This will enable the KTB to challenge and scrutinise the programme ensuring it goes far enough to address health inequalities. In addition, we have developed a core dataset which, once implemented across the system, will ensure we are in a position to evaluate the impact of the programme on key risk populations of young people by Spring 2018.

2.5. Governance and signoff of this Plan

The KTB as a multi-stakeholder group commissions and own this plan and is accountable for its delivery. During its development this plan has been shared with KTB members (which include emotional wellbeing and mental health providers), CCG clinicians and experts including GPs and designated professionals, wider partners including commissioned services and the voluntary sector.

This final plan has also been shared within each Kent CCG's Local Children's Partnership Board, Kent Safeguarding Children's Board and the 0 – 25 Health and Wellbeing Board (as a

sub-group of the Kent Health and Wellbeing Board). Final sign-off was through the Kent Health and Wellbeing Board. For details of the signoff process for this LTP please see [Appendix 8](#) and refer to [Section 10](#) to see more detail regarding the governance arrangements.

3. Vision for transformation and system model

By 2021, every child, young person and family in Kent will have access to support that gives them the tools they need to maintain and grow emotional wellbeing and resilience and have access to the right specialist help when they need it

Our Vision for Change

<p>Our vision</p> <p><i>By 2021, every child, young person and family in Kent will have access to support that gives them the tools they need to maintain and grow emotional wellbeing and resilience and have access to the right specialist help when they need it</i></p> <p>We will know that this vision has been realised when the following features are in place:</p> <ul style="list-style-type: none"> • Children have a real influence on the feel and quality of services, measured in ways they can use and understand • Children and families are able to easily navigate the system so the right service delivers the right need at the right time • People who are important in a child's life are given support to be able to help them build resilience and recover from adversity • Every adult is empowered to support the mental health and emotional wellbeing needs of our children. 	<table> <tr> <td data-bbox="676 405 963 906"> <p>Levels of Need:</p> <ul style="list-style-type: none"> - Promoting wellbeing and improving resilience - Delivering whole-system clinical framework </td><td data-bbox="963 405 1921 906"> <ol style="list-style-type: none"> 1. 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3.1. Outline of our LTP model

Throughout this plan we refer to our whole-system model for transforming emotional wellbeing and mental health for children and young people. We believe that there is a role for every part of the system to coordinate and pull in the same direction in order to achieve our vision of *giving children and young people access to support that gives them the tools they need to maintain and grow emotional wellbeing and resilience and have access to the right specialist help when they need it*. To ensure that there is a shared approach across the system, we have adopted evidence-based programmes such as iThrive and shared Key Performance Indicators (KPIs) across contracts. This year, we are focussed on embedding this whole-system approach through parenting programmes and workforce development.



Art work displayed at the Turner Contemporary created by young people from Kent

Mind and Body

We have structured our model to focus on four key themes, *Reach and Resilience*, *Early Intervention and Prevention*, *Specialist Support* and *Crisis*. Each theme has its own ambition (shown in Figure 2 below) and a set of actions which can be seen in [Section 8](#). Our model is evidence-based and directly responds to the identified need and gaps we see in Kent.

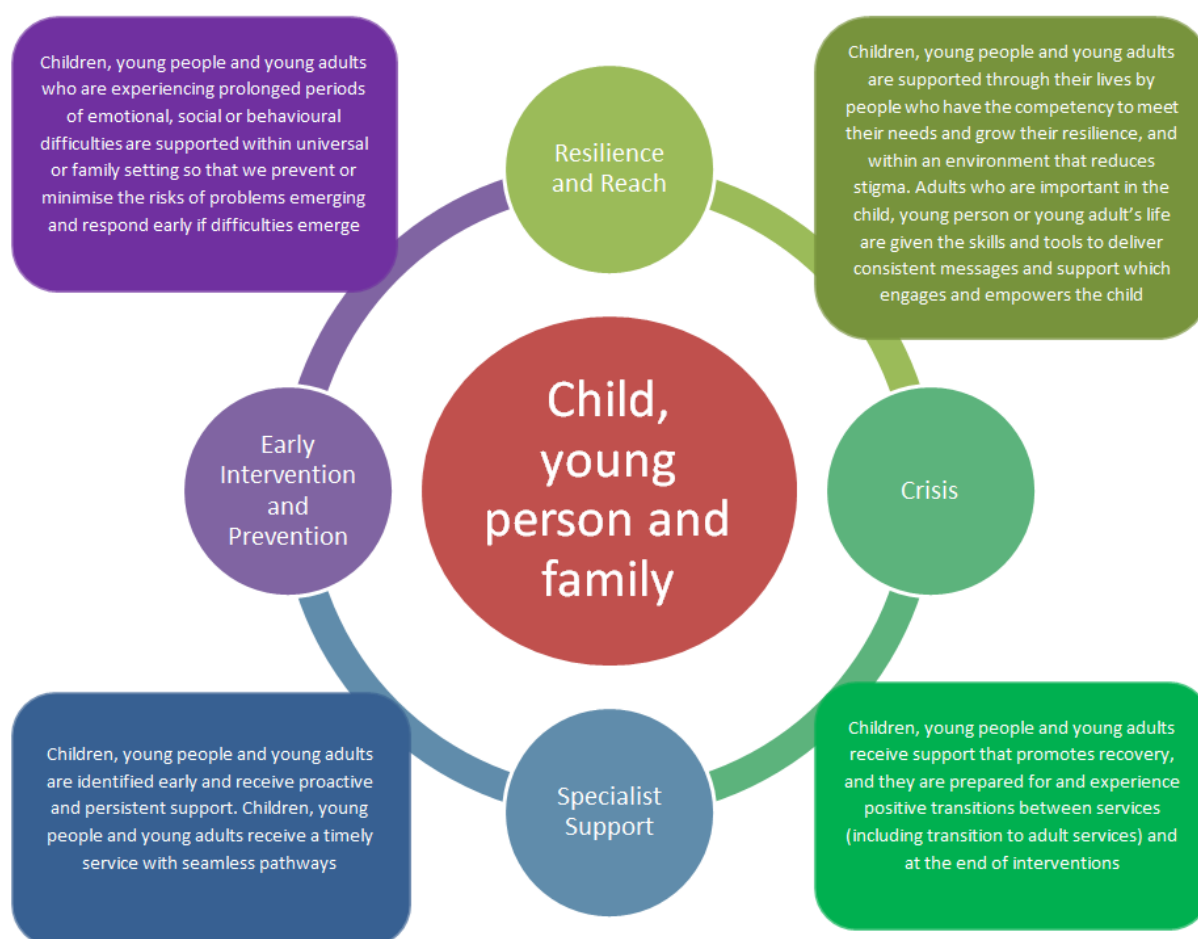


Figure 2

3.2. The challenge

Research tells us that children and young people's mental health services nationally have been chronically underfunded for a number of years. Given that it is nationally recognised that one in ten children will have a mental health problem, we know that of the total investment into the NHS of £116 billion per annum, only £0.70 billion is allocated to children and young people's mental health services.

Whilst the impact of austerity on the mental health system is not fully confirmed, we do know that since 2007 there has been a significant reduction in the formal and informal workforce and their capacity to support children and young people's emotional wellbeing and mental health. We can identify reduction of investment through national programmes such as Sure Start, Children's Fund and Connexions as directly impacting the resilience within the system of support for children. This combined with increasing levels of poverty and decreasing numbers of individuals able to offer pastoral support within schools, changing educational policy, growth in social media, reduction in youth workers, family liaison officers and other vital formal and informal roles has had a lasting impact on our ability as a system to prevent the increasing demand on mental health services.

In Kent, we are trying to *rebalance the system* through Transformation planning and delivery, meaning we need to increase children and family resilience and intervene early to stop issues from escalating. Whilst there is appetite across partners and funding available to deliver aspects of transformation, it remains a deep and enduring challenge to be able to provide Kent's children and families with the support and services they need.

Given the challenges faced by the system to deliver long-term change, we also have the opportunity to deliver long-term and sustained improvements to the way in which children and young people experience good mental health. Accordingly, we believe our plans are transformational because:

- ***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.
- ***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.

4. Sustainability and Transformation Plan alignment

This LTP is aligned with the work of the [Five Year Forward](#), [NHS 5-Year Forward View for Mental Health](#), the 49 recommendations of [Future in Mind](#) and the [Kent and Medway Crisis Care Concordat](#) and has the ambition to influence the Sustainability and Transformation Plan (STP) for Kent and Medway going forward.



The Good Mental Health Matters interactive stand at Bluewater

GMH Matters

The Kent and Medway 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.

The KTB recognises that the Kent and Medway STP is a key driver for change and improvement across services for children and young people. One of our Transformation GP clinical leads is a member of the STP mental health work stream and represents children and young people's emotional wellbeing and mental health transformation.

Across Kent and Medway, strategic and senior leaders have recognised the need to develop and drive improvements to the whole children's agenda and have called for a Children's Summit to take place at the end of September 2017. The Summit will initiate discussion around a children and young people's work stream within the STP. This LTP will be central to the discussions at the Summit and the future inclusion of a children and young people's work stream within the STP agenda.

An area of increasing focus for the KTB and partners is the position of transformation post-2021. The Transformation Funding ends in 2021 and the KTB recognises the need to develop a robust and dynamic sustainability plan so as to ensure that achievements are maintained into the future. The STP, KTB and wider transformation partners have committed to focus on sustainability during 2018/19, as well as discussing how we move from transformation to 'business as usual'.

5. Local needs

5.1. Kent National Benchmarking

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

The performance of Kent compared with England against key national indicators provides the context for identifying priorities for the Transformation Plan going forward. It shows that Kent is benchmarked as performing less well than England in the following indicators:

- % children aged <15 who provide unpaid care (source *National Census*)
- % school children who are Gypsy/Roma (source *School Census*)
- % of 15 year olds with a long-term illness, disability or medical condition diagnosed by a doctor (source *What about YOUth?*)
- Marital breakup: % of adults whose current marital status is separated or divorced (source *National Census*)
- % of 15 year olds who are current smokers (source *What about YOUth?*)
- % of 15 year olds who have taken cannabis in the last month (source *What about YOUth?*)
- % of 15 year olds who have been bullied in the past couple of months (source *What about YOUth?*)
- Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years (source *HE*)
- % children in need for more than 2 years: % of children who have been 'in need' for more than 2 years (source *Social Care*)
- Looked after Children: rate per 10,000 <18 population (source *Social Care*)
- Repeat child protection cases: Percentage of children who became the subject of a child protection plan for a second or subsequent time (source *Social Care*)
- Pupils with special educational needs (SEN) with a statement: % of all school age pupils with special educational needs with a statement (source *School Census*)
- Pupils with behavioural, emotional and social support needs: % of school pupils (source *School Census*)
- Pupils with speech, language or communication needs: % of school pupils with speech, language or communication needs (source *School Census*)
- Pupils with autism spectrum disorder: % of school pupils with autism spectrum disorder (source *School Census*)
- % of 16-18 year olds not in education, employment or training (NEET) (source *DE return*)



Sara and Rubie helping to create an eating disorders awareness video for the PETS project

Therapy Partners

Performance of these indicators also varies at a district level. See below for variation at district level.

Children and Young People's Mental Health and Well Being Risk Factors

Indicator	Time period	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Svale	Thanet	Tonbridge and Malling	Tunbridge Wells	Kent	England
Children providing care: Percentage of children aged <15 who provide unpaid care	2011	1.1	1.3	1.0	1.4	1.1	1.2	1.0	1.5	1.5	1.4	1.2	0.9	1.2	1.1
Children providing considerable care: Percentage of children aged <15 who provide 20+ hours of unpaid care per week	2011	0.2	0.2	0.2	0.3	0.2	0.2	0.1	0.3	0.4	0.2	0.2	0.1	0.2	0.2
Children under 16 in poverty: Percentage of children aged 0-15	2014	17.2	18.2	16.2	22.9	19.7	15.2	13.2	22.1	23.6	27.9	13.1	11.0	18.4	20.1
Families out of work: Percentage of households with dependent children where no adult is in employment	2011	3.7	3.6	4.1	3.8	4.5	3.5	2.4	4.0	5.1	5.3	3.0	2.8	3.8	4.2
Families with health problems: Percentage of households with dependent children where at least one person has a	2011	4.8	4.2	4.7	4.5	5.3	4.5	3.8	4.6	5.3	5.0	4.5	3.9	4.6	4.6
Lone parent households: Percentage of households	2011	7.1	6.5	7.8	6.3	7.4	6.7	4.9	6.4	8.0	8.3	6.3	5.2	6.8	7.1
Marital breakup: Percentage of adults	2011	12.3	10.7	11.7	13.7	11.6	11.8	10.7	14.0	13.2	15.2	11.8	11.7	12.3	11.6
Obese children (Reception year): Percentage of children	2015/16	10.6	6.3	10.7	11.6	10.5	9.0	6.3	10.6	8.6	10.0	7.7	9.4	9.2	9.3
Obese children (Year 6): Percentage of children	2015/16	19.1	16.5	21.1	21.5	22.1	18.6	14.4	20.6	19.6	21.4	15.5	13.5	18.7	19.8
Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 - 17	2014	15.8	18.8	22.5	32.7	28.1	18.0	15.0	23.9	29.0	30.6	21.0	13.5	22.2	22.8
Underweight children (Reception year): Percentage of children	2015/16	0.6	1.6	0.5	*	1.1	0.6	0.4	0.8	0.7	*	*	0.5	0.6	1.0
Underweight children (Year 6): Percentage of children	2015/16	0.8	1.4	1.1	0.7	1.6	1.0	0.9	0.8	1.1	0.4	1.1	0.9	1.0	1.3
Young people providing care: Percentage of people aged 16-24 who provide unpaid care	2011	4.6	3.5	4.5	5.3	5.1	4.4	4.1	5.8	5.1	5.6	4.6	4.0	4.6	4.8
Young people providing considerable care: Percentage of people aged 16-24 who provide 20 hours + of unpaid care per	2011	1.3	0.7	1.2	1.4	1.6	1.1	1.2	1.9	1.9	1.8	1.0	0.9	1.3	1.3

<https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0/gid/1938132752/oa/102/par/E10000016/at/101/are/E07000113/iid/90412/age/-1/sex/4>

Figure 3

Historically Kent has also performed less well than England on fixed term and permanent school exclusions at primary and secondary level, number of first time entrants, and average difficulties score for all Looked after Children aged 5-16 who have been in care for at least 12 months.

5.1.1. Population

In 2017, Public Health Kent refreshed the *Health Needs Assessment for Emotional and Mental Health of Children and Young People 2017* (referred to from this point at the *Needs Assessment - 2017*), with data provided by the Research and Development Hub, which informs this LTP refresh. The Needs Assessment - 2017 is being finalised and will appear on [Kent Public Health's Observatory](#) website once available.

According to the [Office for National Statistics \(ONS, 2015 mid-year resident population estimates\)](#), there are 349,759 children and young people aged 0 to 18 in Kent, making up nearly a quarter (23%) of the county's total population of 1.52 million, the largest population of all English counties. There are just under half a million (459,566) people residing in Kent aged under 25. Just over half of under 25s are male (51.2%, 235,324 individuals). Kent's population is largely of white ethnic origin, making up 90.6% of children and young people aged under 18. This is higher than the national figure of 78.5% (ONS, Census 2011).

5.1.2. Population projections

Annual registered population changes from 2004 to 2016 have been extrapolated to predict future changes in population until 2021. Across Kent, the under 25 population is expected to increase by 3.1% between 2016 and 2021, to 479,252. The biggest population increase is expected in Ashford CCG (5.3%), followed by Thanet CCG (4.1%). A marginal decrease is estimated in South Kent Coast CCG (0.2%).

5.1.3. Deprivation

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 Index of Multiple Deprivation (IMD) 2015, with over 50,000 children aged 0 to 18 in Kent living in households with a benefit claimant out of work.

Figure 4 below divides the 283 wards within Kent into quintiles (fifths) based on their deprivation score, with darker areas being classified as more deprived. Areas of higher deprivation tend to be in the east of the county (Thanet, Swale and South Kent Coast CCGs) and in the north (areas near London in Dartford, Gravesham and Swanley CCG). Whilst West Kent CCG tends to be more affluent, there are pockets of relative deprivation which should not be overlooked.

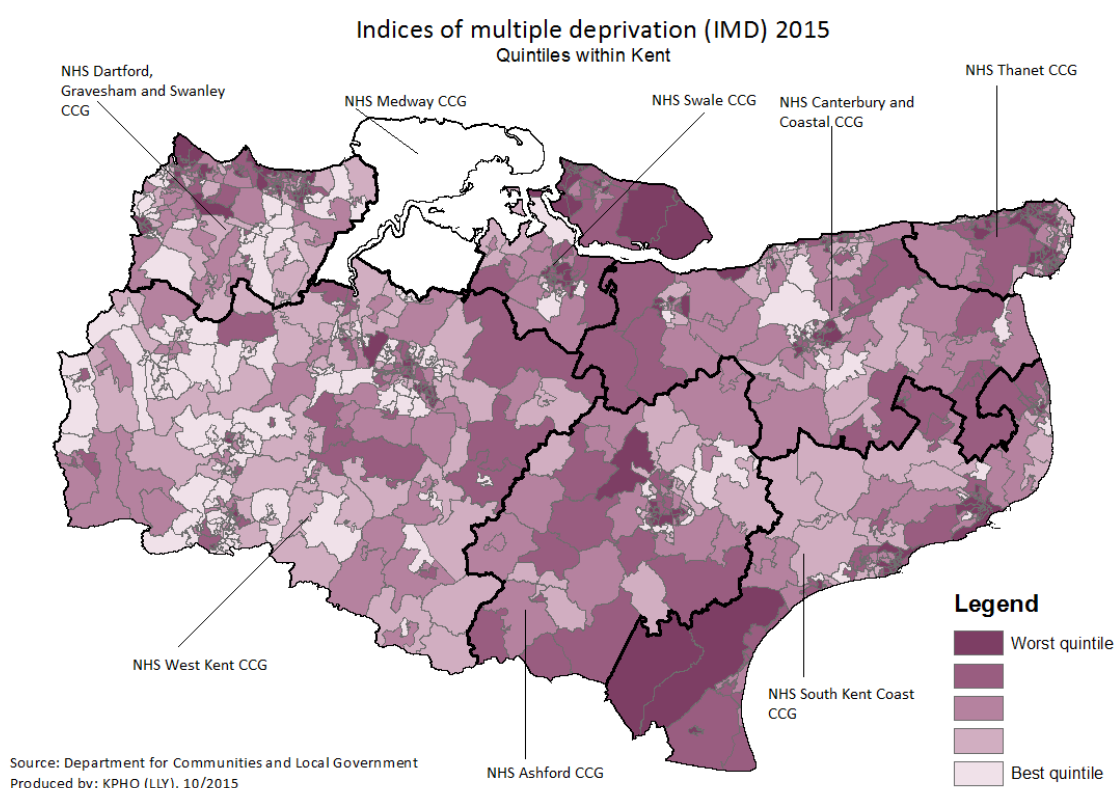


Figure 4

5.1.4. Emotional wellbeing and mental health

It is estimated that 50% of lifetime mental illness (except dementia) begins by the age of 14¹ and 75% by age 24². The enduring nature and deterioration of mental health disorders which start in childhood mean that intervening with children is critical for preventing adult mental health problems, as well as the poorer life chances that result from mental ill health in childhood which have a cumulative impact into adulthood. Mental health disorders are understood to be categorised into externalising and internalising mental health disorders, although comorbidity is

¹ Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Bedrihan Urstun T (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry* 20(4): 359-364.

² Kessler R, Berglund P, demler o et al. (2005) lifetime prevalence and age-of-onset distributions of dsM-Iv disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593-602.

the norm. Additional data on the distribution of the estimated mental health disorders across the age range are provided in the [Needs Assessment - 2017](#). It also provides details of the

Despite the lack of surveys, registries and longitudinal studies into children's mental health, there is evidence which indicates that children's mental health is declining over time. This decline does not appear to be uniform across genders.

Health Behaviour in Schools (HBSS), undertaken last in 2014, reports that there is a decline in the wellbeing of young women and young men (aged 15) with young women reporting lower levels of emotional wellbeing than boys (PHE 2017).

Self-harm in the HBSS reports '*the comparison between recent HBSC England findings and earlier studies*² suggests that over the past decade rates of self-harm have been increasing among adolescents' (PHE 2017).

Fink et al (2015), in a comparison of two cross-sectional studies undertaken in 2009 and 2014, notes that similar levels of mental ill-health were reported across the years but girls reported higher levels of emotional problems in 2014 than their matched counterparts in 2009, with no such differences in emotional problems in boys. Boys showed a small but insignificant fall in behavioural problems (Fink et al 2015).

An Adult Psychiatric Morbidity Study (APMS) is undertaken every 7 years with the 16 – 65 age range. The latest study, undertaken in 2014, reports increased rates of ever self-harmed with a greater increase in young women 16-25 than young men 16-25. There has been an increase in common mental health problems across all ages. There is a significant and marked increase in symptoms of Post-Traumatic Stress Disorder (PTSD) in young women. Taken together, the increase in reported symptoms of mental ill health has resulted in young women in the 16-25 age group as an at-risk group for poor mental health.

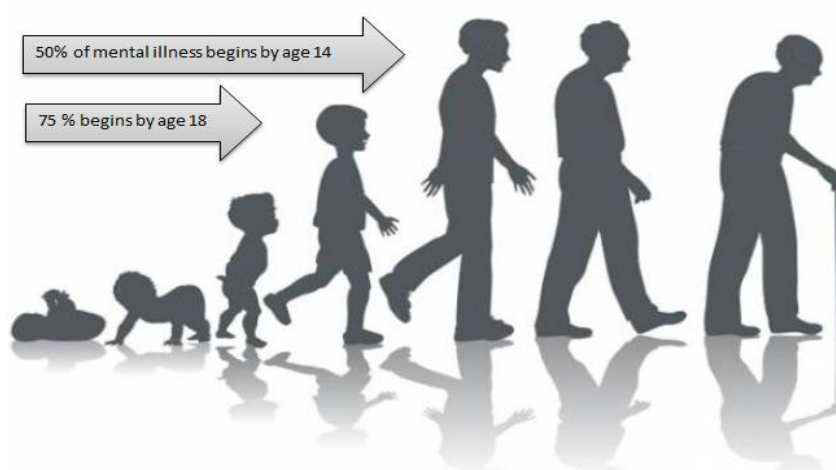


Figure 5

The increasing prevalence of mental health symptoms across the child population in addition to an increase in the child population in Kent, means that building resilience at scale, targeting at-risk populations, intervening early and effectively and treating those at specialist level who will benefit most, becomes critical to meeting the Transformation Plan's aim.

However, it is not possible at the moment to provide any detailed analysis as to how effective services are at meeting need because the service data which it is possible to access does not indicate presenting symptoms/ diagnoses. This will change with the introduction of Kent's core dataset for children and young people's mental health and embedding of the Mental Health Services Data Set (MHSDS) across the system.

Some mental health disorders can be categorised as 'externalising' or as 'internalising'. Internalising mental health disorders are negative behaviours that are directed towards the self (such as self-harming). Externalising mental health disorders, like Conduct Disorder, are the most common mental health disorder. Externalising mental health disorders are negative behaviours that are directed towards their external environment (such as aggression, disobedience, lying, stealing, and truanting). Interventions to prevent and modify/treat behavioural and externalising mental health conditions like Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD) are multi-sectorial and require integrated care pathways and multi-sectorial interventions.

Prevalence of children with Conduct Disorder particularly Early Onset Conduct Disorder, is most likely to be amongst populations with the lowest socio-economic status, needs to be reviewed and interventions built. These children are most likely to be identified by early years settings and schools. The interventions needed for secondary prevention and treatment are problem-solving groups and parent training.

There is a need to review the capacity and capability of parent training offers in Kent to ensure that effective parent skill interventions are available and effective.

Evidence consistently indicates that mental health disorders are associated with deprivation (PHE 2017).



1 in 10 school aged children have a diagnosable Mental Health condition

Figure 6

Taking the best estimates available (Kurtz) – the current Needs Assessment estimates:

- there may be approximately 47,000 children aged under 17 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 is just under 6,000
- the estimate for Tier 4 (Crisis) services is less than 100

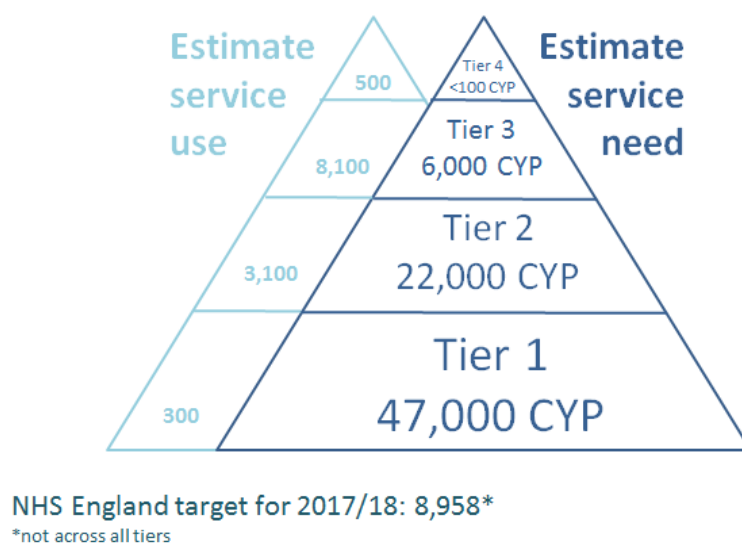


Figure 7

More detailed estimates of prevalence, at CCG and district levels, including the projected number of children and young people with each condition over the next five years, are available in the [Needs Assessment – 2017](#).

5.1.5. Vulnerable groups

5.1.5.1. Education

Data from Kent County Council's Management Information Unit states that in January 2017, there were 228,581 pupils on roll in Kent. Less than 0.1% (77) pupils were enrolled at a Pupil Referral Unit (PRU) and a further 3,792 (1.7%) attended a school for pupils with special educational needs. The number of pupils known to be home educated as of 31st January 2017 across Kent is 1,812 (Years R to 13).

5.1.5.2. Looked after Children

The [Needs Assessment - 2017](#) states that the prevalence of mental health disorders of Looked after Children (LAC) is 45%. As of December 2016, there were 3,376 LAC in Kent which, applying the mental illness prevalence estimates, would indicate that 1,519 LAC may have a mental health condition. 58% of these children and young people are OLA (Other Local Authority) and Unaccompanied Asylum Seeking Children (UASC). This population has demonstrated higher levels of mental health need.

While UASC often demonstrate high levels of resilience, they are at particularly high risk of developing mental illnesses due to the additional traumas they have faced; however, they are less likely to access treatment due to barriers such as language³. In Kent, one in five (19.5%) of our Looked after Children are UASC, representing 660 children and young people.

³ Geltman PL, Grant-Knight W, Ellis H, Landgraf JM. The "Lost boys" of Sudan: Use of health services and functional health outcomes of unaccompanied refugee minors resettled in the U.S. *Journal of Immigrant and Minority Health*. 2008;10(5):389-96

Looked After Children as at 31/12/2016 (snapshot data) by CCG of Placement

CCG	Kent LAC		Total Kent LAC	OLA LAC Placed in Kent			Total OLA LAC	Total LAC
	Citizen LAC	UASC LAC		London LAC	Other SE Region LAC	Other Area LAC		
NHS Ashford CCG	78	54	132	61	33	21	115	247
NHS Canterbury and Coastal CCG	188	96	284	93	62	22	177	461
NHS Dartford, Gravesham and Swanley CCG	141	73	214	185	19	16	220	434
NHS South Kent Coast CCG	207	93	300	67	34	36	137	437
NHS Swale CCG	138	42	180	99	97	35	231	411
NHS Thanet CCG	269	35	304	157	55	32	244	548
NHS West Kent CCG	206	66	272	90	63	23	176	448
NTBD	49		49	-	-	-	-	49
OLA CCG's	72	99	171	-	-	-	-	171
NHS Medway CCG	68	102	170	-	-	-	-	170
Kent and Medway	1416	660	2076	752	363	185	1300	3376

Source: KCC MIU

Figure 8

5.1.5.3. Young offenders

In 2015/16, the original [mental and emotional health needs assessment](#) identified that there were 852 young offenders in Kent which is a substantial reduction since 2012/13 (1,575). The rate of young offenders in the Kent population has fallen and reflects the increase in diversion from custody for lower level offences. That said, the reduction in numbers belies an increase in the complexity of need amongst those young people.

Figure 9 below shows the annual rate of young offenders per 1,000 population aged 10-17 years from 2012/13 to 2015/16.



Figure 9

A recent CCG-commissioned review of the role of the Youth Offending Team (YOT) CAMHS workers (see [Appendix 9](#)) found that:

- The YOT CAMHS workers provide an immediate and flexible response to young people where there are possible emotional or mental health issues. There is a willingness to see young people alongside Youth Justice workers and provide an informal assessment that supports access to formal CAMHS services, and the CAMHS workers support young people to help them access CAMHS services. They were seen as being highly responsive to the needs of young people.
- The CAMHS workers have a depth of knowledge and a specialist role that allows them to be a CAMHS expert in Youth Justice units, and a Youth Justice expert in CAMHS teams. They are able to educate and inform staff on developments in research, changes

to service structures, and are able to negotiate or facilitate access to specialists within CAMHS.

- There was evidence of whole-family working. There was support available to the parents of children within the Youth Justice system which allowed the parents to understand their child's behaviour and develop strategies to either manage that behaviour or support their child.
- There was regular contact and joint working with Addaction staff to support young people who were experiencing mental health issues as well as misusing substances. The work was approached in a flexible manner that focussed on engaging with the young person.

The report recommended that the role should fulfil the following criteria:

- Pro-actively seeking out and engaging with young people in the Youth Justice system where there are concerns about their mental health.. This should include offering informal assessments to both support a formal referral to CAMHS and to build a relationship with the young person.
- Provide specialist support and guidance to Youth Justice units around ASD, ADHD, psychosis, dual diagnosis and emerging mental health theories. The post holders should participate in Youth Justice unit meetings to support the development of hypotheses and plans, and CAMHS meetings where they should be able to represent Youth Justice in discussions on individual cases.
- Maintain an agreed level of service to Youth Justice units, and offer an agreed amount of training or structured learning to Youth Justice staff and those working with young people within the Youth Justice system.
- Provide support and guidance to the families of young people in the Youth Justice system alongside the Youth Justice worker, so that families can better understand the mental health issues that their child is experiencing. This work should include working with parents to help them develop strategies to help their children manage their mental health and, ultimately, achieve in their life.
- Provide a written report to support Youth Justice assessments for Pre-Sentence Reports or Referral Order reports whenever there is, or has been, a concern about a young person's mental health.

We are working with key influential players to identify the commissioning and service provision pathway gaps that exist within the context of prevention, a restorative approach, diversion and the offending pathway. This has included a Health and Justice scoping workshop with attendees from all Kent CCGs, Kent County Council (Youth Offending Services and Early Help), Public Health, the voluntary sector, the police and the new CYPMHS provider.

We are committed to working with the new provider of Specialist CAMHS for High Risk Young People with Complex Needs (Community Forensic CAMHS). Kent CAMHS will be offered early consultation and support to those highly complex children and young people, or the Community Forensic CAMHS service will hold cases where it is agreed this is the most appropriate pathway.

5.1.6. Acute hospital

Figure 10 below provides an overview of acute activity by CCG for children and young people aged under 25. More detail can be found in the [Needs Assessment – 2017](#). In general, admission rates have increased between 2006/07 - 2008/09 (pooled) and 2013/14 - 2015/16 (pooled); however, decreases were observed in most CCGs for Accident and Emergency attendances for self-harm. Canterbury and Coastal CCG had significantly higher admission rates (95% confidence intervals) than Kent for a number of diagnoses.

Indicator	Ashford		Canterbury and Coastal		Dartford, Gravesham and Swanley		South Kent Coast		Swale		Thanet		West Kent		Kent	
	Rate	Trend	Rate	Trend	Rate	Trend	Rate	Trend	Rate	Trend	Rate	Trend	Rate	Trend	Rate	Trend
Admissions with a primary or secondary diagnosis of an eating disorder	9.5	up	32.5	up	13.7	up	23.8	up	14.9	up	14.4	up	24.6	up	20.9	up
Admissions with a primary or secondary diagnosis of anxiety	106.7	up	175.2	up	124.4	up	131.6	up	152.9	up	68.9	up	130.1	up	130.3	up
Admissions with a primary or secondary diagnosis of a mood affective disorder	184.9	up	252.0	up	184.6	up	194.8	up	211.4	up	161.9	up	184.8	up	196.2	up
Admissions with a primary or secondary diagnosis of a neurotic, stress-related and somatoform disorder	84.3	up	132.7	up	107.3	up	89.3	up	132.0	up	62.5	up	96.6	up	101.5	up
Admissions with a primary or secondary diagnosis of schizophrenia, schizotypal and delusional disorders	18.1	up	31.0	up	21.8	up	39.9	up	28.8	up	37.7	up	23.9	up	27.7	up
Admissions with a primary or secondary diagnosis of a personality disorder	43.0	up	69.7	up	47.0	up	57.8	up	67.5	up	63.3	up	51.6	up	55.8	up
Admissions due to self harm [^]	22.9	up	29.6	up	22.9	up	28.7	up	20.1	down	25.3	down	22.3	up	24.5	up
A&E attendances for deliberate self harm ^{^^}	26.7	down	20.2	up	12.6	down	37.9	down	16.4	up	39.7	down	16.3	down	21.9	down

Source: SUS, PCIS

Trend from 2006/07-2008/09 to 2013/14-2015/16

*Trend from 2009/10-2011/12 to 2013/14-2015/16

Rate is based on pooled data for 2013/14-2015/16

Significantly higher than Kent

Significantly lower than Kent

Rates per 100,000 population

[^]Rates per 10,000 population

Figure 10

Kent has the largest number of children and young people in England and our county's population varies significantly. We need to be aware of, and respond to, the differences across each location to ensure our LTP investment and ambitions for the future reflect our local needs.

6. Current provision

6.1. Context

In April 2014, the Kent Health and Wellbeing Board (KHWB) identified that emotional wellbeing and mental health 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.

Children, young people and families 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.

Since 2014 a number of significant changes have been implemented to address these issues. A full outline of achievements of the transformation programme over the past 18 months can be found in [Section 7](#).

6.2. Current emotional wellbeing and mental health services in Kent

Figure 11 below illustrates the current emotional wellbeing and mental health provision in Kent. In 2016/17, as a response to the findings outlined in 6.1 above, we delivered a fundamental change to our service offer, with a new contract for Children and Young People's Mental Health Services (CYPMHS) awarded to North East London NHS Foundation Trust (NELFT) and new



It's not a magic wand, but it is a wonderful spell book. Inside is the magic and spells that you need to learn to apply and use to change things for yourself.

Mind and Body Participant 2017

contracts for School Public Health Services and Adolescent Health and Targeted Emotional Health Service awarded to Kent Community Health NHS Foundation Trust (KCHFT).

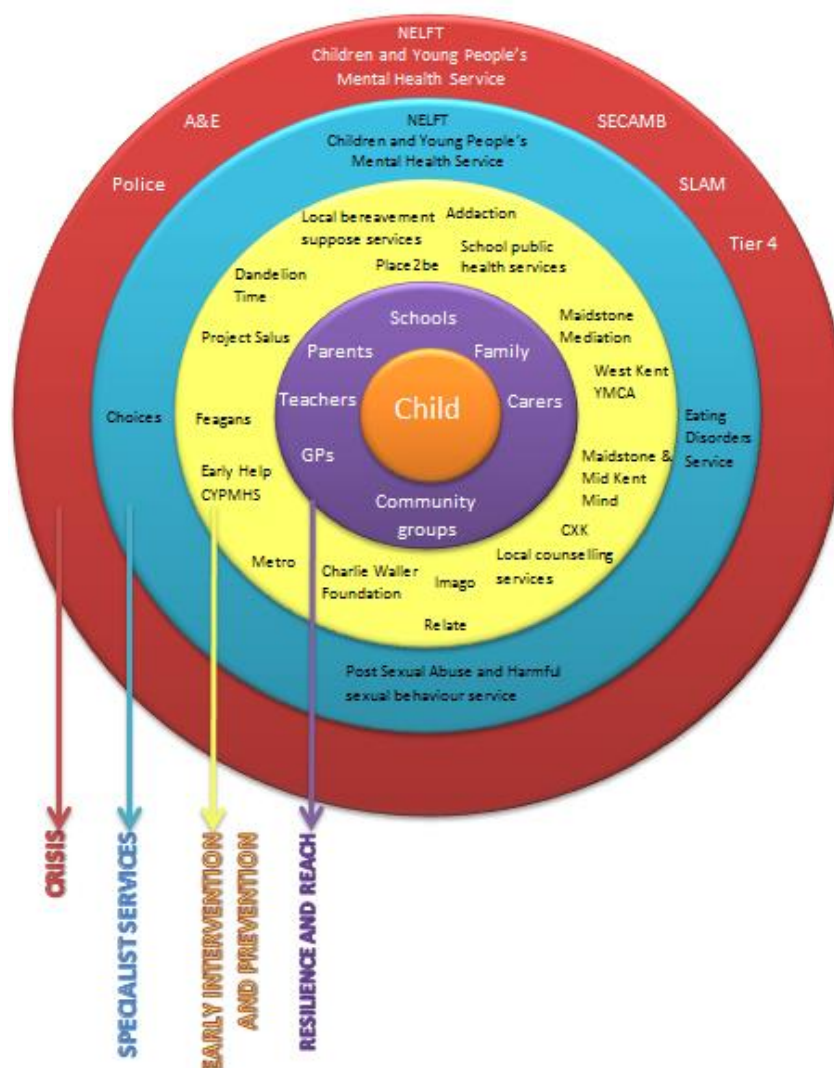


Figure 11
(Please note: the services and providers described above are not exhaustive)

As Kent is such a large county, we have a large number of contracts and providers contributing particularly to the emotional wellbeing agenda. A highlight of current provision can be described in the following way:

6.2.1. KCC-funded services

- School Public Health Services delivering tier 1 interventions for a range of emotional and health needs and support for primary schools in developing and delivering whole-school approaches to improve the health of their pupils.
- Adolescent Health and Targeted Emotional Health Service delivering whole-school approaches and a targeted emotional wellbeing service for secondary school-aged children.
- Early Help service offering direct casework with identified families and commissioning of services within the voluntary sector to increase reach.

- Grants through Local Children's Partnership Groups across the 12 Districts to the value of £600,000 per annum.
- Positive Relationships Service delivered by Barnardo's and Choices (to 2018).

6.2.2. CCG-funded services

- CYPMHS new contract with a value of £82 million over 5 years with KCC investing £1.2 million per annum to resource the Early Help units with mental health specialists. Key features of the contract include:
 - Requirement for the provider to fulfil a system leadership role to deliver transformation
 - New provision with regard to children who have been sexually abused or are displaying sexually harmful behaviour
 - Delivery of a Single Point of Access
 - Improved pathways around vulnerable groups
- Four Youth Offending Team (YOT) CAMHS posts are funded as the Health contribution to the YOT partnership, meeting the requirement described in the Crime and Disorder Act 1998, 39 (3).
- All-age Eating Disorder Service to the value of £7.5m per annum.
- Early Intervention in Psychosis Service.

6.2.3. NHS England-funded services

- Health and Justice project in Thanet (Thanet Young Person's Partnership) focussed on working with ninety 14 to 21 year olds who are likely to be or are engaged in criminal activity and have a mental health need.
- Tier 4 Bed Management Service.

6.2.4. Additional funding streams

- HeadStart Kent were awarded £10m from the National Lottery to deliver a 5-year programme of co-production with young people to implement and evaluate an ecological and multi-component model to build resilience in 10-16 year olds. The Programme consists of three Levels:
 - **Level 1 Kent Wide:** A Universal element will include a Virtual Resilience Hub to provide information, knowledge, useful tools for schools, communities, parents and young people. This Hub will also promote a shared language across the system, workforce development opportunities, an academic resilience approach and user-led design of services.
 - **Level 2 Universal Plus:** For priority school groupings and their local districts the targeted offer includes training on Mindfulness, Resilience Domains, Youth Mental Health First Aid, Online Counselling and Support, Peer Mentoring and providing Safe Spaces.
 - **Level 3 Additional Support:** In the school grouping areas, focussing on young people who previously were, or are currently, at risk of suffering from trauma or adversity the offer includes intensive one-to-one mentoring, volunteer mentoring, family work, and local need led domestic abuse support.

- The roll out of targeted intensive support to the 9 School Groupings is phased. The targeted support lasts at least 18 months and begins in each district as follows:
 - 2016 - Swale and Gravesham
 - 2017 – Ashford, Shepway and Canterbury
 - 2018 - Thanet and Maidstone
 - 2019 - Tonbridge & Malling and Dover

6.3. Current baseline

NHS England introduced the following target based on data collected in the Mental Health Services Data Set (MHSDS):

For CCGs, the ambition is they increase activity to the level necessary to meet the national trajectory. The national trajectory aims to provide 35% of children and young people with a diagnosable mental health need with treatment by 2020/21, and there are incremental annual targets to meet which can be seen in Table 1 below.

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

Table 1

CCGs are being held accountable to increase activity as necessary to enable 30% in 2017/18 and 32% in 2018/19 of children and young people aged under 18 with a diagnosable mental health condition to be treated by NHS-funded community services when they need it.

The number of children and young people with a diagnosable mental health condition have been based on [Mental health of children and young people in Great Britain survey \(2004\)](#), which predicted that 9.2% of children and young people aged 5 to 16 have a diagnosable mental health condition across England. Estimates of the proportion of children and young people in each CCG who have a diagnosable mental health condition have been [calculated by Public Health England](#) and take into account the age, sex and socio-economic classification of children resident in the area.

NHS England suggests that in order to meet the 2017/18 and 2018/19 target, CCGs should enable at least 28% of children and young people with a diagnosable mental health condition to access evidence-based treatment in 2016/17. Based on the 2017/18 and 2018/19 target figures, 2016/17 estimated targets have been calculated. A large proportion of these children and young people with a diagnosable mental health condition will remain undiagnosed; all those who are identified and diagnosed will have access to evidence-based treatment and we are working to increase both identification of children and young people with a mental health condition as well as access to treatment.”

Figure 12 below shows the number of children and young people accessing treatment in 2016/17 (according to the MHSDS) in comparison to the estimated number needed to be seen in 2016/17. It takes into account the age, sex and socio-economic classification of children resident in the area.

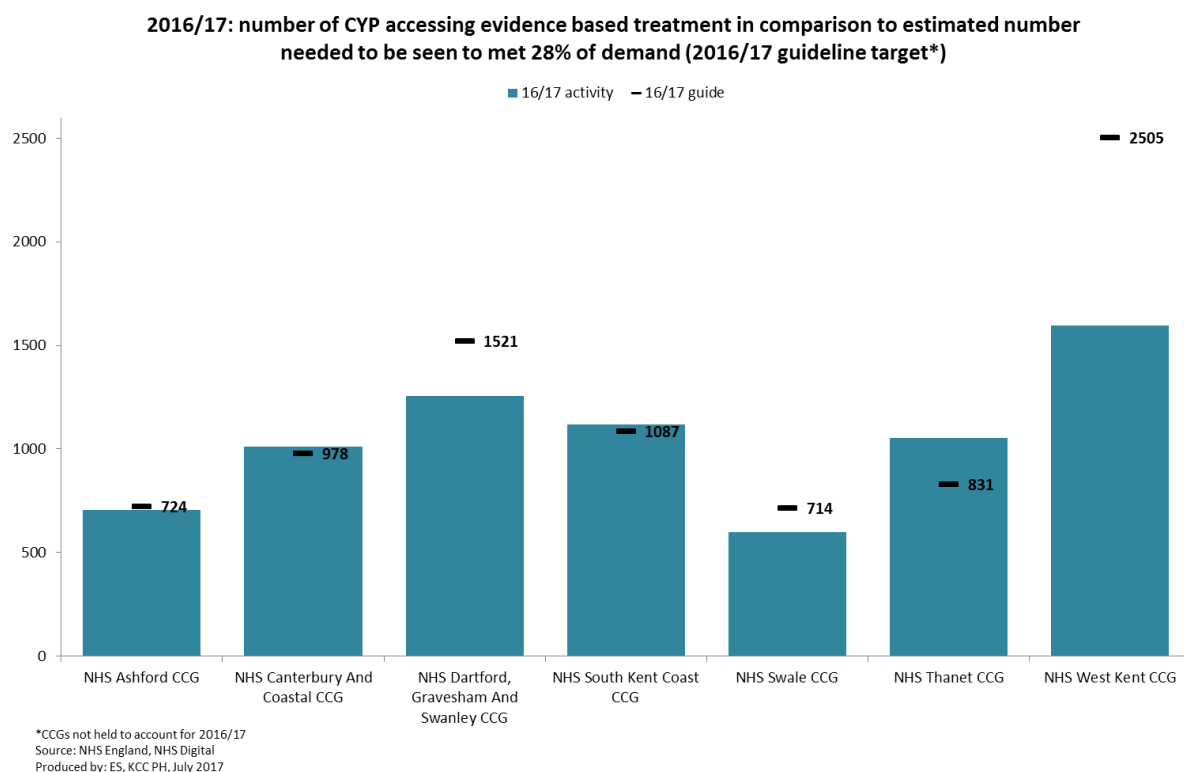


Figure 12

NHS England recently conducted a coverage survey to identify providers who should be submitting data to the MHSDS and to estimate their activity as at February 2017. Across Kent, there were approximately 2,900 individuals aged under 18 in contact with mental health, learning disability or ASD services, in addition to the activity recorded in the MHSDS.

All providers funded either partially or fully by the NHS are mandated to submit data in NHS Digital's MHSDS, and it is optional for other providers to submit. This dataset is designed to capture activity across the mental health system, including services for people with learning disabilities and those accessing Autism services.

Two of our providers in Kent currently submit data to the MHSDS, and we are working closely with providers and NHS Digital in order to ensure all of the activity across Kent is captured. In order to submit data, providers must have access to a secure login system which enables sharing of patient-level data between the NHS and other organisations. Providers must have a Health and Social Care Network (formally an N3 connection) to flow data securely over this system. It is acknowledged that setting up this infrastructure is costly in terms of resource, finances and time, and so alternative ways of submitting data have been suggested by NHS Digital and NHS England.

We are supporting our providers with submitting data to the MHSDS through these alternative methods such as data processing agreements or data sharing agreements, which enable providers already submitting data to submit data on another provider's behalf.

The national data reporting template for the MHSDS has been built upon to develop our local core dataset, in conjunction with guidance from the Children's Outcomes Research Consortium. The local core dataset is currently in draft format for consultation with providers,

and includes data on outcomes for children and young people, not just activity (see [Appendix 10](#)). This template aims to enhance the use of local data by facilitating consistent data collection across all providers, enabling holistic evaluation of the children and young people's emotional wellbeing and mental health system.

The Kent Integrated Dataset (KID) is an individual-level linked dataset combining electronic health records from the following services located in Kent and Medway: primary care providers (including out-of-hours providers and walk-in centres); community health providers; mental health services; acute hospitals (including accident and emergency; inpatient and outpatient episodes); Public Health services; adult social care; and, palliative hospices. The dataset includes records of every interaction between residents of Kent and Medway and these services (with some exceptions). It is intended that the core dataset will link into the KID, which will enable innovative research into utilisation of services for our young people.

Local intelligence tools have been developed to monitor the success of the Transformation of the children and young peoples' mental health system, including a dashboard and bulletin. The dashboard provides data at a CCG and Kent level and is shared with the Kent Transformation Board members. Indicators will be added as data items become available; it currently contains measures of acute activity, prevalence and performance against NHS England targets. The quarterly bulletin is designed to ensure providers are aware of research being conducted within Kent, and provides national and local data updates.

6.4. The Gaps

We know that despite the services and provision already in place, too many children and young people are seeking specialist mental health support, which is leading to capacity and resource effectiveness across the system. The needs assessment clearly demonstrates that Tier 2 (early intervention and prevention) capacity is significantly limited.

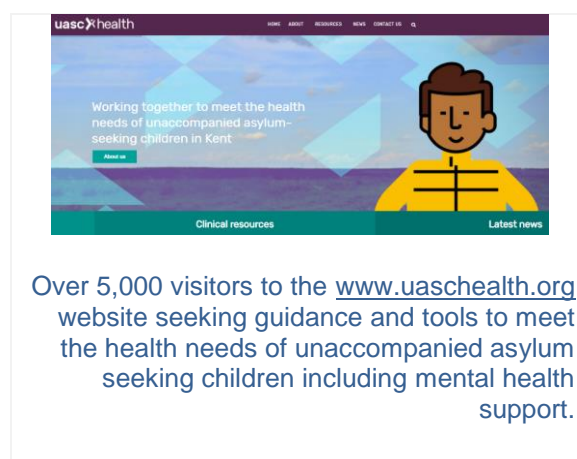
Figure 13 below summarises the key gaps identified through the needs assessment and partner discussion:

Theme	Identified Gap
Resilience and Reach	<ul style="list-style-type: none"> ☒ Lack of data availability and connectivity to conduct whole-system based research ☒ No consistent whole-school approaches in colleges and early year settings ☒ No competency-based workforce strategy ☒ No Mental Health First Aid training for education and health staff working with vulnerable groups ☒ Inconsistent language for emotional wellbeing across the system
Early Intervention and Prevention	<ul style="list-style-type: none"> ☒ Tier 2 delivery will still not meet estimated demand ☒ Inconsistent parenting skills offer particularly in relation to externalising mental health disorders ☒ No consistent offer of support including peer support for children identifying as LGBTQ ☒ Insufficient and tailored capacity to meet the increasing numbers of girls reporting emotional wellbeing and mental health issues
Specialist Support	<ul style="list-style-type: none"> ☒ Ineffective transition to Tier 4 provision ☒ Lack of integrated pathways for children with disabilities, children in special schools, children with long term conditions and children with Speech, Language and Communication Needs (SLCN) ☒ Lack of an integrated pathway for young people involved with Youth Justice services, and in particular those entering or leaving the secure estate or those transitioning from children's to adult services ☒ Inability to effectively measure qualitative and clinical outcomes across the system ☒ Mother and Infant Mental Health service falls short of the Royal College of Psychiatric (CR197) standards and does not enable delivery of fully NICE (CG192) concordant care
Crisis	<ul style="list-style-type: none"> ☒ Lack of understanding as to why there is variation across CCG and conditions for acute care admissions ☒ We do not have an integrated, robust crisis pathway ☒ We do not have a 24/7 psychiatric liaison offer in A&E for children and young people ☒ Lack of local understanding of specialised commissioning arrangements, pathway and accessing support quickly

Figure 13

7. Transformation achievements so far

The past two years have seen a lot of exciting progress in transforming the landscape of children and young people's emotional wellbeing and mental health services and support. With procurements recently completed for the new School Public Health Services, Children and Young People's Mental Health Service, and for a specialist all-age eating disorder service, we feel that we have an excellent opportunity to deliver real transformation. This will only continue to gain momentum in the next year once these new services are embedded. We are confident that we will be successful in our vision to ensure a brighter future for children and young people's emotional wellbeing and mental health, regardless of their circumstances.



We have dedicated data analyst resource within Kent's Public Health team, and this supports us in identifying which interventions are working, where there are gaps, and recommending evidence-based interventions to support Kent's children and young people.

Below is a summary of our key Transformation achievements to date, set out in the four key areas of whole-system change. Through evaluations and feedback of each programme, both commissioners and providers are continuously embedding their learning from past investments and interventions for future projects. Full details of our achievements can be found in [Appendix 11](#), and in [Appendix 12](#) you will see a 'You Said, We Did' summary of how we have directly responded to children and young people's needs.

Below is a summary of our key Transformation achievements to date, set out in the four key areas of whole-system change. Through evaluations and feedback of each programme, both commissioners and providers are continuously embedding their learning from past investments and interventions for future projects. Full details of our achievements can be found in [Appendix 11](#), and in [Appendix 12](#) you will see a 'You Said, We Did' summary of how we have directly responded to children and young people's needs.

7.1. Transformation Funding

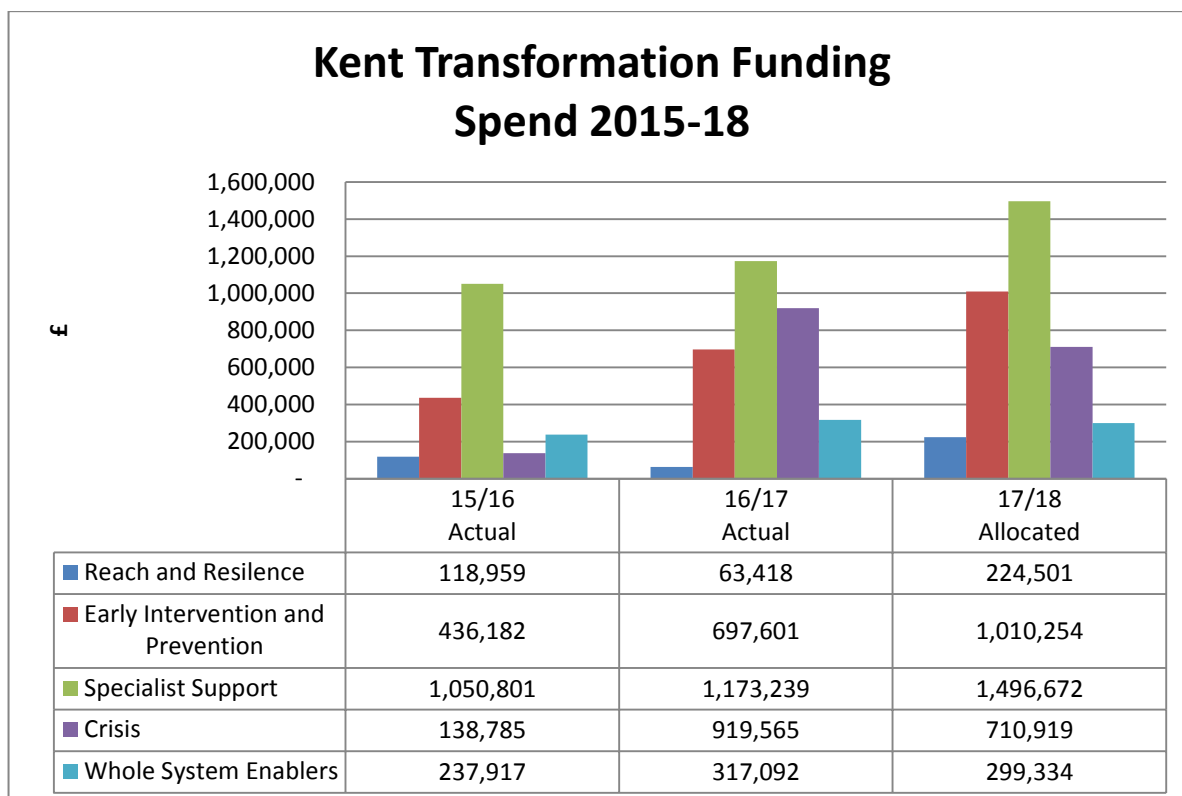
As outlined in [Future in Mind](#), NHS England have made available Transformation Funding to deliver the requirements within Local Transformation Plans. The allocated funding is transferred to CCGs as part of their baseline budgets.

Nationally the allocation is increased year on year, detailed below in Table 2. As the money is routed through the CCGs, we have set up appropriate governance processes in Kent which are outlined in [Section 10](#).

CCG	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Ashford	149,519	240,485	283,772	343,364	384,568	465,328
Canterbury and Coastal	269,060	427,011	503,873	609,686	682,849	826,247
South Kent Coast	281,022	442,846	522,558	632,296	708,171	856,887
Thanet	215,539	342,909	404,633	489,605	548,358	663,513
DGS	329,505	535,745	632,179	764,937	856,729	1,036,642
Swale	147,143	234,000	276,120	334,105	374,198	452,779
West Kent	590,856	947,919	1,118,544	1,353,439	1,515,851	1,834,180
TOTAL	1,982,644	3,170,915	3,741,680	4,527,432	5,070,724	6,135,576
Percentage uplift	Baseline	59%	18%	21%	12%	21%

Table 2

The graph and table below show how the allocation has been spent according to theme and the projects that have run under each theme-area. Section 7.2 onwards gives more detail on the activity and outcomes achieved with the investment across the theme areas.



Graph 1

Theme		Projects
Resilience and Reach	2015/16	Good Mental Health Matters campaign, Social Prescribing Workshop, 360 stigma reduction project, Expert Parent training
	2016/17	Expert Parent & Train Trainer, Good Mental Health Matters campaign
	2017/18	Good Mental Health Matters campaign, Neurodevelopmental parent information
Early Intervention and Prevention	2015/16	Mind and Body Programme, Place 2Be, Incredible Me!, Canterbury Christian Schools' Work Trust, Tier 2 Adolescent Health and Targeted Emotional Health Service
	2016/17	Healios project, Mind and Body Programme, Place 2Be, Young Healthy Minds
	2017/18	Tier 2 Adolescent Health and Targeted Emotional Health Service, Mind and Body Programme (including increased community delivery)
Specialist Support	2015/16	UASC project, ASC/ADHD project, wait reduction programmes
	2016/17	UASC project, Post-Sexual Abuse /Harmful Sexual Behaviour, ASC/ADHD project, Wait reduction programme
	2017/18	Vulnerable Groups, Mental Health Service contract investment, ASC/ADHD project, Wait reduction programme
Crisis	2015/16	Psychiatric Liaison, Section 136 project
	2016/17	Psychiatric Liaison and Crisis
	2017/18	Psychiatric Liaison, Section 136 project, CAMHS patient KMPT contingency (crisis)
Whole System Enablers	2015/16	Transformation Resource, Data analysis resource
	2016/17	Child Outcomes Research Consortium project, Data analyst, Transformation resource
	2017/18	CYP IAPT, Royal College of Paediatrics and Child Health review, 18-25 project, Transformation resource, Data analyst, Workforce resource

Table 3

7.2. Resilience and Reach

Key Milestones:

- We successfully delivered a county-wide Good Mental Health Matters awareness campaign
- Kent successfully bid for five years of funding for HeadStart Kent to co-produce with young people, and to implement and evaluate a preventative ecological and multi-component model to improve the emotional wellbeing and resilience of 10-16 year olds. HeadStart Kent went on to complete the first phase of the Resilience Hub, which will become the 'go to' portal for mental health, emotional health and resilience serving young people, families, professionals and the common measures framework
- We have started to improve the system's data collection and connectivity through the implementation of the MHSDS to better understand our population needs and potential service interoperability to better meet these needs.

Activity:

- Over 750,000 homes received the Good Mental Health Matters guide and 2,000 young people were reached in a face-to-face setting either in school or in the community through the campaign
- HeadStart Kent is now operational in Swale and Gravesham and has started mobilising in Ashford, Canterbury and Shepway. Across the Districts 975 staff across schools and the community and 5,904 have been informed about Headstart Kent and around 4,000 young people were already benefiting from the programme.
- Approximately 2,000 people have seen the eating disorder awareness video created by Therapy Partners as part of the Psychoeducational Therapeutic Intervention Strategy (PETS) in East and North Kent
- Over 500 hits a month (5,000 in total) on the Unaccompanied Asylum Seeking Children health needs website www.uaschealth.org.

Impact and Outcomes:

- The response from those engaged in the Good Mental Health Matters Awareness campaign was overwhelmingly positive - with an uplift of 15% in those reporting themselves as feeling happy after having watched the Good Mental Health Matters 360° video, and over 4,600 responses indicating that they had learned something new from being involved
- Kent have identified a minimum dataset which can be used to complete the mandatory items within the Intermediate Database and have begun exploring the feasibility of incorporating this into data submission.

Workforce:

- The Good Mental Health Matters awareness campaign engaged schools and families to openly talk about mental health and reduce the stigma associated with doing so. This work, along with that of HeadStart Kent, has paved the way to ensure that the mental health and wellbeing of our children and young people is everybody's business and that everyone in a child's life is part of the workforce supporting their needs.

7.3. Early Intervention and Prevention

Key Milestones:

- We have recently procured new School Public Health Services for primary and adolescent health, which were designed within the context of system transformation. The new service model will build in capacity to support individual young people, and work to implement whole-school approaches to emotional health
- We have invested in the Mother and Infants Mental Health community service, enabling an additional 598 women and children per annum to access intervention from the service at a much earlier stage
- We have invested in Early Intervention in Psychosis (EIP) services (from 14 years old) to develop and expand services to support people at a much earlier stage through NICE-compliant interventions. This service supports all young people over 14 years old who are experiencing their first episode of psychosis. Although it is very rare for a young person to be diagnosed with a psychotic illness under the age of 14 years, any young person under 14 years who is psychotic is managed by the Children and Young People's Mental Health Service, including medication and therapy. CYPMHS Consultant Psychiatrists are involved with cases open to EIP regardless of age, particularly if the young person is on medication
- The eating disorder service leads the promotion of and support for "eating disorder champions" in education, youth and other settings and provide training and education about eating disorders to a range of services and organisations, including GP's, schools and acute trusts
- The Mind and Body Programme, which is an intervention aimed at reducing self-harm and improving mental health and wellbeing, has been evaluated by [University of Bath](#) and is showing positive outcomes.

Activity:

- The Mind and Body programme engaged between 600-700 young people to target those at risk or identified as engaging in self-harming behaviour or at risk of self-harm, with 421 of these receiving the programme's group intervention
- Place2Be supported over 350 children through a mixture of one-to-one support and group work in areas such as bullying, self-esteem and supporting transition from primary to secondary school. Support was also provided to families and teaching staff
- A Psychoeducational Therapeutic Intervention Strategy (PETS) for eating disorders treated 32 children and young people with CBTe sessions to aid recovery, build resilience, and help them live their lives to the full. The programme delivered 48 one-to-one family support sessions for families of children and young people with eating disorders
- 18 children and young people in the Dartford, Gravesham and Swanley CCG area were treated through the Incredible Me! programme for those with a diagnosis of or suspected of having ASC, alongside 34 family members who accessed the Incredible Years programme which ran in parallel
- Schools in the initial HeadStart Kent groupings were brought together with wider community services and have been supported to be part of a local Community of Practice including undertaking a Resilience Toolkit. The toolkit is an audit tool which supports schools and community settings on their journey to become an advanced HeadStart setting which will, for example, be able to identify at risk young people and support staff to have domains-based conversations with those at risk young people.

Impact and Outcomes:

- The impact of the Mind and Body Programme included the following outcomes:



Figure 14

- The PETS family support sessions resulted in 95% of families engaged feeling that they had a better understanding of eating disorders
- An interim report found that 80% of PETS participants showed improvement
- 75% of people are receiving EIP two weeks from being referral to treatment, against a national target of 60%.

Workforce:

- Workforce training was delivered across a number of programmes including PETS where 67 schools were offered training, and almost 100 professionals received it
- Canterbury and Coastal CCG commissioned a training session for 25 attendees, which was run by [selfharmUK](#), for mentors working in local secondary schools
- The Mind and Body programme has been very well received by school staff and GPs with both reporting improved relationship between primary care workforce and schools with regard to managing risky behaviours
- Some family members received 'Train the Trainer' training so they could deliver The Council for Disabled Children's [Expert Parent Carer Programme](#) to support families of children with special educational needs, a disability or long-term condition (including Autism and ADHD)
- Additional funding has been allocated to service providers of EIP by Health Education England for the purpose of training the workforce to deliver NICE-compliant interventions
- Kent Early Help and Preventative Services have Mental Health First Aid as a service priority for workforce training in 2017/18. All Youth Justice units have staff trained in providing this support to young people
- HeadStart Kent has commissioned Mental Health First Aid, domains-based conversations and resilience training.

7.4. Specialist

Key Milestones:

- Procurement of the new Children and Young Person's Mental Health Service (CYPMHS) across Kent
- Implementation of a Single Point of Access (SPA) model as part of the CYPMHS
- Procurement of an all-age specialist eating disorder service across Kent and Medway to deliver high quality, evidence-based, early intervention and Specialist treatment to those with suspected or diagnosed eating disorders. The service is being delivered in line with

the model recommended in NHS England's commissioning guidance and is applying core principles of Improving Access to Psychological Therapies (IAPT). There is direct access to the community eating disorder service through self-referral. The provider is a member of the national quality improvement and accreditation network for community eating disorder services (QNCC ED) to monitor improvements and demonstrate quality of service delivery

- In 2016, all Kent and Medway CCGs formed a Kent and Medway Partnership under the London and South-East Collaborative for Children and young people's Improving Access to Psychological Therapies (CYP IAPT) and committed funding to support the mental health workforce in undertaking the training opportunities available
- NHS England (South) commissioned Oxford Academic Health Science Network (AHSN) to establish the South Region EIP Programme and establish a local baseline across several quality indicators to support planning and prioritisation of areas for improvement. We have worked in partnership with AHSN and the current service provider, Kent and Medway NHS and Social Care Partnership Trust (KMPT), to prepare the services to meet the required standard and also to implement the required data reporting to the Mental Health Services Data Set which is a requirement from April 2017
- We commissioned a pilot scheme to implement a clinical and holistic network approach to an identified cohort of Unaccompanied Asylum Seeking Children (UASC) to promote resilience and prevent escalation of mental health concerns through early intervention. The programme received national and even international acclaim and the project team were invited to attend a meeting at The House of Lords
- Piloting of the Thanet Young Person's Partnership (TYPP) funded through NHS England Health and Justice which identifies young people aged 14 to 21 who have offended or are likely to offend and have mental health needs.

Activity:

- West Kent invested in their local CAMHS service to reduce waiting times. The average waiting times reduced from 14.5 weeks to 5 weeks. The ASC waiting list reduced from 166 to 28 weeks
- The link to the support website created as part of the UASC project received over 4,000 retweets
- East Kent CCGs commissioned Psicon to treat 780 children and young people to reduce both the ADHD/ASC waiting lists and to allow provision for new referrals until the new CYPMHS service was in place
- Thanet Young Person's Partnership delivered by Porchlight have a full caseload of over 90 very vulnerable young people who are at risk or have offended and had a mental health need
- There is integrated working between the Criminal Justice Liaison and Diversion Service (CJLADS) and the YOT CAMHS workers. CJLADS see young people in Police custody and ensure that assessments are passed on to YOT CAMHS workers so that young people continue to receive support around emotional and mental health that assists in the prevention of further offending.

Impact and Outcomes:

- Reduction in CAMHS waiting times in West Kent where previously children and young people had been waiting too long

- The UASC network was found to improve access to the right support at the right time, and supported clinicians to give appropriate care for this vulnerable group of children
- Through CYP IAPT we have committed to the principles of collaboration and participation, evidence-based practice and routine outcome monitoring
- The Thanet Young Person's Partnership has been successful in supporting a large proportion of young people back to training, education or employment
- The eating disorder service will adhere to the access and waiting time standard for children and young people with an eating disorder (commissioning guide July 2015) and meet the new access and waiting time standards. NICE-concordant treatment will start within 4 weeks of first contact for routine cases and within 1 week for urgent cases. In cases of emergency, support will be received within 24 hours. From year 2 of the eating disorders contract there will be outcome-based payments for the delivery of NICE-concordant treatment within the national timescales. This will be validated against national performance data.

Workforce:

- Staff from the previous CAMHS provider and a voluntary sector provider joined the CYP IAPT Partnership and identified staff to undertake training. Further providers have now been contacted for inclusion in the 2017 training cohort and engagement events held. We have committed to allocating Transformation funding to CYP IAPT until 2020/21, to ensure providers have trained staff within their teams and are working to the CYP IAPT principles
- The UASC work stream developed a competent workforce in supporting these vulnerable children and young people
- Kent are accessing the National Eating Disorders Training which provides training in single and multiple family therapy approaches, the treatment of child and adolescent eating disorders for individuals or small groups of professionals, and team-based outreach training for larger groups. Follow-up consultation and ongoing supervision on multi-family therapy and single family-based treatments is also offered as part of this training.

7.5. Crisis

Key Milestones:

- The multi-agency Kent and Medway Mental Health Crisis Care Concordat highlighted a range of initiatives needed to improve outcomes for people including children and young people experiencing mental health crisis. The key focus areas for children and young people are plans for a designated children's mental health Section 136 Place of Safety, development of an all-age 24/7 crisis response service linked with hospitals under the new model 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
- We invested in psychiatric liaison services across the county
- We are working with the New Model of Care Consortia to transform the delivery of inpatient services in Kent. Over the coming months we will review the number and types

of beds available to Kent service users as well as redesigning our crisis services to prevent inpatient admissions and deliver proactive discharge planning, in collaboration with the local authority.

Activity:

- We commissioned additional support in A&E sites across the county to carry out mental health assessments for children and young people in crisis
- The A&E liaison service saw 1,706 young people in 2016/17 across Kent and Medway, and saw 634 children and young people between April and July 2017. Children and young people receive a responsive service. Based on data for May, June and July 2017, 40% (161 out of 399 with a valid waiting time) were seen in under 4 hours from referral. Verbal feedback from staff in hospital, parents/carers and young people has been very positive in consideration that they appreciate the quick response.

Impact and Outcomes:

- Our learning from our work-to-date has demonstrated the need to improve how children and young people are most appropriately responded to in crisis and how we work towards treatment being provided within 4 hours 24/7 through the new CYPMHS
- We are committed to: reducing the use of inpatient beds (Tier 4, paediatric and adult) including length of stay and delayed discharges; reducing A&E attendances; reducing the use of Section 136 beds; and; reducing Police attendance.

Workforce:

- The psychiatric liaison service has had a positive response from staff in hospital who feel better supported in helping children and young people in crisis
- We will work with our New Model of Care Consortia and crisis teams to ensure our workforce plan develops the right competencies of staff across the system to prevent inpatient stays and deliver proactive discharge planning.

8. Transformation future delivery

The delivery of transformation from now until 2021 is an ongoing process. As we work together and learn what will deliver our vision and ambitions we need to make sure that our planning is flexible and responsive. The emotional wellbeing and mental health agenda is complex and operates on both a large, county-wide level as well as at a local level. This plan recognises that in a constantly changing environment it is important that, as priorities change, we respond accordingly.



“Since attending the Place2Talk session the two girls (who were involved in an incident of cyber bullying) have resolved their conflict brilliantly and have even asked to sit together in class.”

Year 6 teacher

It is with this in mind that we have evolved our thinking from version 2 of the LTP (see [Appendix 3](#)) to incorporate a strengthened thematic approach. Our future delivery and Transformation Funding investment are now clearly embedded within our thematic model of Reach and Resilience, Early Intervention and Prevention, Specialist Support, Crisis and Whole System Enablers. The model below gives examples of the services and work streams that sit within the themes (further described throughout this section).

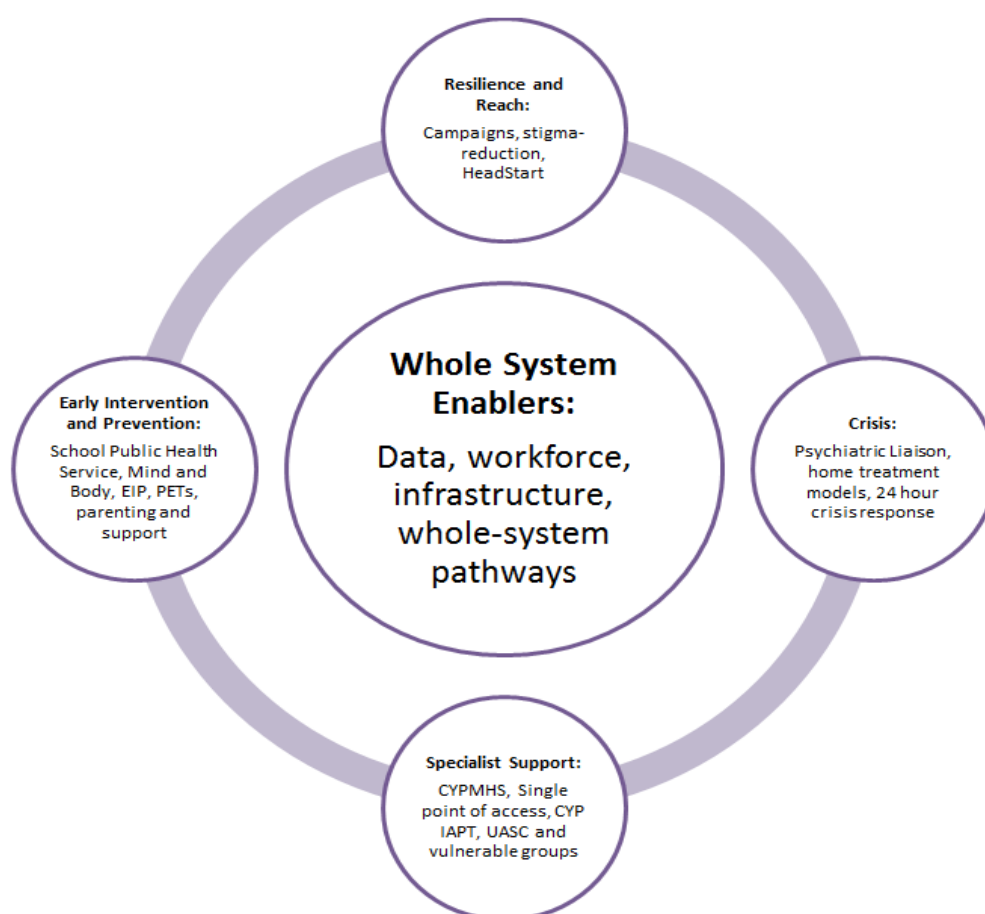


Figure 15

In this section we describe:

- The Key Performance Indicators which drive delivery of the plan
- Whole System Enablers
 - National Pathway development
 - Workforce
 - Transition and moving to a 0-25 model
 - Digital innovation
- Our Delivery Plans for Reach and Resilience, Early Intervention and Prevention, Specialist Support and Crisis themes
- How we will invest Transformation Funding across these themes

8.1. Key Performance Indicators

The Key performance indicators for this Local Transformation Plan are as follows:

CYP Transformation Key Performance Indicators	Measures
Population Outcome:	
<p>Increase in emotional and mental health and wellbeing in children and young people with a particular focus on those groups of children, young people and young adults at most risk of mental illness</p>	<ul style="list-style-type: none"> • Reduction in the Mental Wellbeing Framework scores in Kent HeadStart Schools receiving an intervention by 2021 • Increase in attendance at Kent HeadStart Schools receiving an intervention by 2021 • Reduction in reported poor emotional and behavioural markers in Year R , Year 6 and Year 10 from 2017-18 to 2020-21 • Increase in children and young people who report a reduction in clinical symptoms as a result of evidence-based treatment plans 2017/18 to 2020/21 • Increase in the proportion of children and young people who receive community-based treatment showing a reliable improvement in treatment from 2018/19 baseline
Resilience and Reach	
<p>Children and young people have the tools and resources to improve their emotional wellbeing, mental health and resilience</p> <p>Parents and carers have the tools and resources to support their children</p> <p>Professionals understand the system of emotional health and mental health support for CYP in Kent and their role in supporting children and young people's mental health and resilience with a particular focus on those groups of children, young people and young adults</p>	<ul style="list-style-type: none"> • Increase in the number of children and young people signposted to tools and resources appropriate to their needs from 2017/18 • Children and young people report they have access to tools and resources appropriate to their needs • Children and young people report that the tools and resources provided improve their emotional wellbeing, mental health and resilience • Increase in parents and carers signposted to tools and resources appropriate to their needs from 2017/18 • Parents and carers report that they are confident that the current support and treatment plans meet their family's needs • Increase in parents and carers accessing resources and support from 2017/18 • Number and % increase in Universal staff being confident in their ability to understand the impact of challenging behaviour and mental health difficulties and implement effective support strategies • Increase in the number in staff who work with at-risk children and young people being confident in their ability to understand the impact of challenging behaviour and mental health difficulties and

CYP Transformation Key Performance Indicators	Measures
at most risk mental illness	implement effective support strategies from 2017/18
Early Intervention and Prevention	
Increase access to community evidence-based treatment with a focus on early intervention	<ul style="list-style-type: none"> • Increase in the number and % of children in Year R , Year 6, Year 10 who are assessed for emotional and mental health needs from 2017/18 • Increase in the number of children and young people who are provided with access to an emotional or behavioural intervention at Tier 1 from 2016/17 • Increase access to evidence-based treatment by 2020/21 so that 35% of children and young people with a diagnosable mental illness have access to treatment
Specialist Support	
<p>Children, young people and young adults receive a timely and effective service including through the Single Point of Access (SPA)</p> <p>If they are a Child in Care (CIC)/Looked after Child (LAC) and eligible for an enhanced service</p> <p>If they have an Eating Disorder</p>	<ul style="list-style-type: none"> • Increase access to evidence-based treatment so in 2020/21, 35% of children and young people with a diagnosable mental illness have access to treatment • All email contacts/referrals via web to be screened within 24 working hours and routine contacts responded to within 48 working hours • All phone calls are screened and triaged within 24 working hours • Appointments made for all contacts triaged as requiring CYPMHS assessment in agreement with children and young people within 48 hours of triage. Assessments will take place in accordance with the KPIs set out in 16.2. Where partner agencies need to be coordinated to offer an appointment – this will be measured separately and excluded by the KPI • All contacts triaged as requiring referral to EHWPB services made within 48 hours of triage • Routine assessments completed within four weeks of accepted referral • (LAC/CIC) Where the placing authority has authorised enhanced service, assessments completed within two weeks of accepted referral • Increase in Eating Disorder treatment starting within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and a maximum of 1 week for urgent cases • 60% of those (14+) experiencing a first episode of psychosis to start treatment within 2 weeks by

CYP Transformation Key Performance Indicators	Measures
	2020/21
Crisis	
<p>Children and young people who are in crisis receive effective support in the community</p> <p>Children and young people who are in crisis receive effective responses in line with national guidelines</p>	<ul style="list-style-type: none"> • Increase access to evidence-based treatment so in 2020/21, 35% of CYP with a diagnosable mental illness have access to treatment • Increase in number and % reduction in self-harming behaviour and suicide ideation for children and young people who receive community evidence-based treatment • Increase in Crisis referrals assessed and treated within 4 hours of presentation 24/7 • Increase in intensive support treatment provided with 24 hours of presentation of crisis • Increase in children and young people detained on S136 to a place of safety are assessed within 4 hours of arrival • Reduction in bed days for children and young people under 18 in CAMHS Tier 4 wards • Reduction in admissions for children and young people under 18 in CAMHS Tier 4 wards • Reduction in inpatient admissions with a primary or secondary diagnosis of a mental health condition, rate per 100,000 registered population aged 0 to 24 from 2017/18 • Reduction in inpatient admissions for self-harm, rate per 10,000 registered population aged 0 to 24, from 2017/18 • Reduction in A&E attendances for deliberate self-harm, rate per 10,000 registered population aged 0 to 24, from 2017/18 • Reduction in urgent and emergency response times: % change from 2017 baseline • Reduction in death by suicides of children and young people from 2017-2021

8.2. Whole System Enablers

8.2.1. National Pathway Development and Funding

NHS England are developing a number of pathways, initiating pilots, new ways of working and commissioning new contracts. In Kent, we support NHS England with these developments as they will increase national consistency and embed service standards across a number of pathways. Some of the key work is as follows:

- Publishing of Children and Young People's Crisis Pathway
- Publishing of a Generic Children and Young People's Mental Health Pathway
- Publishing of a Looked after Children Pathway
- Making available funding to accelerate the development of crisis and intensive support
- Making available funding to Health and Justice projects

With regard to the NHS England funding, we have undertaken the following:

- **Crisis Care:** In response to NHS England's investment to accelerate crisis and intensive support, Kent CCGs have partnered with regional CCG colleagues to bid for funding to extend the Kent Home Treatment Team (HTT) model. The HTT is based within the CYPMHS and provides rapid support to children and young people who are in crisis, seeking to care for them at home and prevent unnecessary attendance at A&E or Police custody. The bid outlines how increased investment and capacity within this approach would extend the traditional reach of this service to those currently admitted within the Transforming Care programme and help prevent children coming into care. The New Care Model has a joint ambition to develop a Regional Admissions Management Hub across Kent, Surrey and Sussex.
- **Health and Justice:** At the time of writing this LTP, we are awaiting NHS England's response to our bid for a Flexible Response Service to support young people with low-level mental health issues at risk of offending. This bid has been written collaboratively to propose the development of a service to complement the wider Transformation programme within the LTP and STP. This project will focus on supporting two specific key client groups:
 - Young people identified as being on the cusp of offending, those being supported by Out of Court dispersal, and those where mental health may be part of the underlying concern.
 - Young people not engaged in mainstream activities but who may be identified through youth outreach activities as being vulnerable to social and other types of exclusion.

Through the development of a positive relationship and delivery of effective evidence-based programmes, the partnership will ensure that these young people are able to build their resilience and deal with the problems they experience in a positive manner. This will lead to a reduction in their offending and an improvement in their mental wellbeing. If the bid is successful, the project will ensure it retains the family-focussed approach that the Early Help and Preventative Services consider essential to achieve positive outcomes for young people and families.

8.2.2. Workforce

One of the biggest risks to Transformation is the shortage of staff in the current mental health workforce. This is a national issue and Health Education England recently published [*Stepping Forward to 2020/21: The mental health workforce plan for England*](#). This report sets out:

- Where we are now: the overall numbers, skills and location of our current workforce in mental health.
- Where we need to be: Health Education England's underpinning assumptions and modelling about the overall number and types of skills required to provide mental health services in the growth areas, whilst ensuring the service as a whole is maintained and improved.
- What we need to do to get there: who needs to do what and when to achieve the net growth in staff - with clear actions for local and national partners.

We know that we need to expand our mental health services, and that this will require more mental health staff. Given the lead time to train (for example) a nurse or psychiatrist it is essential we explore opportunities for reskilling and developing existing staff, as well as attracting qualified staff back to the NHS. We are looking at ways of growing our workforce. One recent initiative in East Kent has been to set up a Facebook group called '*A Different View: Health and social care jobs in east Kent*'. The page promotes job opportunities as well as benefits of living in East Kent such as house prices being significantly lower than those in London. We are also recruiting more apprenticeship roles to grow the future workforce.

NHS England has indicated that funding will be made available to support workforce planning in the South East region. We are seeking opportunities to undertake this collectively with Surrey and Sussex CCGs where appropriate to do so, as we appreciate that we are often recruiting the same pool of staff. We are seeking to develop our workforce plan across all emotional health and wellbeing and mental health pathways, and across our four key themes. We realise that it is essential we have a workforce with capacity and the right skills to successfully deliver our ambitions across the system, with the CYP IAPT principles at the core of this. We are committed to continued participation in CYP IAPT training programmes for all of our providers across the system.

We will hold a Kent system-wide emotional wellbeing and mental health workforce workshop in the autumn with our key partners, including service users and carers. We will identify the skills, knowledge and behaviour required to deliver our vision of Transformation across the system. We will undertake a baseline of current workforce capacity and skills and develop new roles and ways of working to deliver the ambitions set out within this plan.

During the Spring of 2018 we will develop a workforce plan and we will work with our partners across the system to implement and deliver the plan which we will have collaboratively developed. The intention is for this to become a public-facing document by Summer 2018.

8.2.3. Transition and moving to a 0 – 25 model

By 2021 we will have a 0 – 25 model for emotional wellbeing and mental health. We are committed to ensuring that we have designed and deliver services that respond to the individual needs of a young person as they follow their own unique path to adulthood. We have commissioned the development of a model which will be co-produced with young people and their families.

We will also be using all levers available to us to ensure that transition between children and adult services is as effective and young person-focussed as possible. The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and

continually improve how care is delivered, and to achieve transparency and overall improvement in healthcare. The CQUIN around Transition will be in line with the national CQUINS of 2.5% and will be included in the CYPMHS contract after month 9. This is one of a series of activities that we have structured into the new contract to move to a position (at the very latest of April 2019) whereby we are commissioning on an activity basis.

8.2.4. Management Information and Data

The Mental Health Services Data Set (MHSDS) has been introduced nationally by NHS Digital in order to collate record-level data about the care of individuals who are in contact with Mental Health, Learning Disability or Autism Spectrum Disorder services. Submitting data to the MHSDS is mandatory for all providers funded partially or wholly by the NHS, and optional for those funded through alternative streams. Collating our data centrally has benefitted programme planning by easily allowing an overview of activity by CCG, providing benchmarks and enabling comparison of CCG activity against the NHS England target to provide evidence-based mental health treatment for 30% of children and young people with a diagnosable mental health need in 2017/18, and 32% in 2018/19.

The majority of activity within Kent is already being captured; however data submission has been more challenging for some of our smaller community and voluntary sector providers. Current barriers to submitting data to NHS Digital are largely infrastructural and resource based; not all providers have a secure connection by which they can submit data, and this will potentially be resolved via Data Sharing Agreements between providers. Secondly, providers are concerned about the resource required to complete the MHSDS Intermediate Database (IMD); working with other South East CCGs and CSU, we have identified a minimum dataset which can be used to complete the mandatory items within the IMD and are exploring the feasibility of incorporating this into data submission. Providers are working with each other and also with KCC Public Health, CCGs and NHS Digital in order to ensure that data are submitted to the MHSDS as soon as possible.

A local “core dataset” is also being developed collating data from all Kent providers, enabling the analysis of children and young people’s mental health data across the whole system. The core dataset will link into the Kent Integrated Dataset, a pseudonymised person-level dataset which incorporates data from a range of services, including acute trusts, GPs, adult social care and health visitor data. These linked data will lead to the development of innovative intelligence products which will underpin implementation of services and evaluation of their impact.

8.2.5. Digital innovation

- HeadStart Kent has developed an online Resilience Hub which is the go-to place for young people, parents, families and professionals to access resources which help build adolescent resilience. These range from the Resilience Toolkit used to audit school and community settings, to videos where young people talk to their peers about how they have ‘bounced back’ in the face of adversity to links and to a parent-produced guide on resilience. The hub will link with a digital social marketing campaign designed by young people for young people building knowledge and inspiring young people to build their resilience. HeadStart Kent is also testing an online counselling service in groupings of schools.
- [My Mind](#) has been developed by NELFT as both an app and a website. It has been designed to meet the growing need for better communication and universal support in

children and adolescent mental health care. The '[Five Year Forward View](#)' published by the Department of Health highlighted the need to develop both preventative support for young people suffering with mental health concerns as well as a need to improve communication for young people. My Mind is a solution that addresses both. My Mind was developed using experience-based co-design to establish not only the needs of the young people, families and clinicians using the app, but also their ideas for how these needs could be met. This has ensured that the finished project is endorsed by users at all levels.

- [miLife](#) is a project commissioned in Essex by young people for young people, exploring how everyone can experience better emotional wellbeing and mental health. Young people talk about and write interactive stories about their lives. On the miLife website you can hear what they said about their experiences in their own words. Lots of the young people have experienced challenges around emotional wellbeing and mental health in the past. We hope that we can work with NELFT to provide a similar service in Kent.
- In North and West Kent we have commissioned an awareness campaign and school resource as the second phase of Good Mental Health Matters (commissioned in year 1) which will use different technologies to reach children and young people in schools and in the community. The project is currently in the design stage, however, the aim is to utilise digital innovations in schools e.g. ensuring the resource can be shared by teachers using tablets in their lessons to promote interactive learning. Outcomes will also be monitored using the online resource.

Delivery Plan: Resilience and Reach	
What does research and our needs assessment tell us, what have we done and what are our gaps?	Ambition and Action
<p>Our research and needs assessment tells us we need a workforce that is able to build resilience, promote emotional wellbeing, be aware of the trauma that children and young people might have faced and understand how to identify emerging need and tackle adversity early.</p> <p>We know that understanding the distinction between emotional health and mental health risks and protective factors offers us an opportunity to target our interventions.</p> <p>In the last 18 months, we have:</p> <ul style="list-style-type: none"> ☑ Recently procured School Public Health Services which have been designed within the context of system transformation. ☑ The Primary Public Health Service and Adolescent Health and Targeted Emotional Health Service implementing Health Assessments in Year R, 6 and 10 which will identify need and enable children and young people and their parents to navigate themselves to resources which promote emotional health and resilience. ☑ HeadStart Kent testing models of whole-school approaches, Mental Health First Aid for secondary schools, domains- based approaches and equivalent models within the voluntary community sector. ☑ HeadStart Kent also testing a Resilience Hub which will enable access to resources for young people, parents, carers and people working with young people in communities across Kent. ☑ Young people, through HeadStart Kent, developing a social media campaign. ☑ Delivered the Kent Good Mental Health Matters campaign to every household in Kent. North and West Kent are moving to Phase 2 of the model, having procured a campaign focussed on good emotional wellbeing and mental health for children and young people in schools and community-based programmes, including a resilience resource for children and young people and staff. ☑ Started to improve data connectivity across the system which has enabled us to refresh the emotional wellbeing and mental health needs assessment. <p>The gaps:</p> <ul style="list-style-type: none"> ☒ Improvement in data availability and connectivity to conduct whole-system based research ☒ Whole-school approaches in colleges and early year settings ☒ Social and Emotional Learning (SEAL) in primary schools ☒ Joint workforce strategy that is competency-based and identifies gaps including capacity and skills mix ☒ Mental Health First Aid training for education and health staff working with vulnerable groups including children with disabilities, including those in special schools ☒ Consistent and well understood language for emotional wellbeing across the system including parents, families and their children. 	<p>OUR AMBITION: <i>Children, young people and young adults are supported through their lives by people who have the competency to meet their needs and grow their resilience and within an environment that reduces stigma. Adults who are important in the child, young person or young adult's life are given the skills and tools to deliver consistent messages and support which engages the child.</i></p> <p>Through Transformation we will:</p> <ol style="list-style-type: none"> 1.1 Develop a system-wide workforce strategy and competency framework linked to the Sustainability and Transformation Plan <ul style="list-style-type: none"> • Deliver a consistent and age-appropriate emotional health promotion approach, linking to competencies framework and standards delivered through the workforce strategy • Develop and deliver a robust clinical competency framework approach for the whole children and young people's workforce including those who work in education settings and work with vulnerable groups of young people • Implement a model of intervention and systematically apply the core principles of Children and young people's Improving Access to Psychological Therapies (CYP IAPT) including evidence-based practice and a focus on outcomes and personal goals 1.2 Promote positive emotional wellbeing across the system through campaigns to assertively reduce stigma associated with mental health <ul style="list-style-type: none"> • Promote the delivery of a social and emotional curriculum in every school, early year setting and college • Deliver opportunities for head teachers and GPs to meet and develop relationships at local Clinical Commissioning Group level • Deliver innovative and creative online solutions with CYPMHS and HeadStart Kent providing a leadership role 1.3 Ensure that children, young people and young adults have a real influence on the feel and quality of services, measured in ways they can use and understand <ul style="list-style-type: none"> • Write requirement in all contracts regarding coproduction and participation • Implementation of 'You're Welcome' standards 1.4 Implement the Mental Health Services Dataset (MHSDS), Core Dataset and flow data into the Kent Integrated Dataset (KID) for the purposes of research and evaluation 1.5 Test models of resilience within the system and implement findings <ul style="list-style-type: none"> • Test HeadStart Kent's preventative approach to improving the emotional wellbeing and resilience amongst adolescents • Test the HeadStart Kent resilience-based approach to responding to young people who have faced adversity

Delivery Plan: Early Intervention and Prevention

What does research and our needs assessment tell us, what have we done and what are our gaps?	Ambition and Action
<p>Our research and needs assessment tells us that there is a need to increase the amount of and effectiveness of early intervention and prevention of mental ill health. HeadStart Kent is piloting a whole-school Resilience Toolkit in secondary schools but there is currently a lack of approaches in primary school and colleges. In addition, school-based problem solving and parenting training is effective at modifying behaviour and improving outcomes for children in at-risk groups (including those children at risk of Early Onset Conduct Disorder) but it is not clear how much of this is happening and how effective it is</p> <p>There are groups of young people (including children with disabilities, children with long-term conditions, 'Children in Need', Looked after Children, young offenders, those Not in Education, Employment or Training, and children who are electively home educated) who may have an increased risk of mental health disorders and are in contact with services but who are not systematically being identified, assessed or able to access services.</p> <p>Young Carers and LGBTQ young people present an increased risk of developing mental health conditions and benefit from peer support. Self-Harm, PTSD, depression and anxiety is increasing amongst girls. Children and young people who self-harm are 100 times more likely than the general population to die by suicide.</p> <p>The long-terms costs for every child with Attention Deficit Hyperactivity Disorder (ADHD) are estimated to be £102,135 primarily through costs in education and reduced earning in adulthood. For conduct disorders, every £1 invested in early years saves £45 in school-based intervention and anti-bullying programmes. In adolescence, £1 investment saves £38 in therapeutic interventions.</p> <p>In the last 18 months, we have:</p> <ul style="list-style-type: none"> ☑ Significantly increased investment into early intervention by embedding mental health workers into Early Help Units across Kent. ☑ Invested Transformation Funding into evidence-based programmes targeted at intervening early, such as Mind and Body; HeadStart Kent; KCC School Public Health Service; CYP IAPT in Addaction and SPFT, Psychoeducational Therapeutic Intervention Strategy (PETS) for Eating Disorders including awareness raising and early intervention. ☑ Invested in the Mother and Infants' Mental Health community service enabling an additional 598 women and children per annum to access intervention from the service at a much earlier stage. <p>The gaps:</p> <ul style="list-style-type: none"> ☑ Despite increased investment, Tier 2 delivery will still not meet estimated demand; therefore we need to build collaboration with the community and voluntary sector to widen capacity and develop outcomes based approaches ☑ Parenting offer for preventing and treating externalising mental health disorders (for example Conduct Disorder and ADHD) ☑ Children identifying as LGBTQ have no consistent offer of support including peer support ☑ Sufficient and tailored capacity within the system to meet the increasing numbers of girls reporting emotional wellbeing and mental health issues. 	<p>OUR AMBITION: <i>Children, young people and young adults who are experiencing more prolonged periods of emotional, social or behavioural difficulties are supported within universal or family settings so that we prevent or minimise the risks of problems emerging, and respond early if difficulties emerge.</i></p> <p>Through Transformation we will:</p> <p>2.1 Make it easier for children, young people, young adults, their families and professionals to access information, guidance and support</p> <ul style="list-style-type: none"> • Implement a Single Point of Access (SPA) as a mechanism to ensure that children and young people get to the right service, reduce unnecessary escalation, re-presentations and provide effective triage and risk assessment at the 'front door' • Deliver a package of coordinated all-age online signposting and support through universal and specialist providers <p>2.2 Improve systems around children, families, communities and schools to improve self-management, peer and parent-led support</p> <ul style="list-style-type: none"> • Review, identify and promote best practice in relation to peer support schemes among 14-19 year olds in Kent with a view to increasing the proportion of schools and youth settings offering peer support programmes with a particular focus on those identifying as LGBTQ • Improve access to self-management support for children and young people with emotional health problems • Implement an evidence-based parenting skills offer at the earliest point where a child is identified as being at-risk and is starting to exhibit externalising behaviours <p>2.3 Rebalance the system and seek to invest more into intervening early including working with voluntary and community sector providers, implementing learning from i-THRIVE and build capacity across the wider children and young people's workforce</p> <ul style="list-style-type: none"> • Design and deliver a whole-system pathway for Autism and ADHD that provides support early and helps to mitigate the requirement for specialist support • Promote an integrated approach to emotional welling, Speech, Language and Communication Needs (SLCN) and children and young people that have faced multiple adversities • Grow the evidence-base for early intervention through HeadStart Kent, building on the evaluation of the impact on Mind and Body • Increase access to evidence-based interventions in the community through a coordinated programme of Transformation investment • Review and agree integrated care pathways for children at risk of developing emotional wellbeing and mental health disorders and ensure that the workforce is able to identify need and support their emotional health, engagement in treatment and recovery • Ensure that there is a stepped increase in awareness of emotional health issues in girls and ensure that responses to their needs for both prevention and treatment are gendered • Deliver early intervention to service users with suspected or diagnosed eating disorders in Kent and Medway • Deliver community-based early intervention support (from 14 years old) to people who are experiencing their first episode of psychosis

Delivery Plan: Specialist Support	
What does research and our needs assessment tell us, what have we done and what are our gaps?	Ambition and Action
<p>Our research and needs assessment tells us that children and young people are waiting too long for specialist treatment. This presents a missed opportunity to intervene early and to offer effective treatment.</p> <p>Some children and young people are more at risk of mental ill health than others. These include children and young people with Speech, Language and Communication Needs (SLCN), disabilities and long-term conditions. Trauma as a result of exposure to multiple adversities (Adverse Childhood Experiences – ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful and enduring behaviours including mental health disorders, smoking, harmful alcohol use, drug use, risky sexual behaviour, violence, crime and long-term physical health issues.</p> <p>Those children and young people who present with greatest complexity, particularly ‘Children in Need’, children subject to a Child Protection Plan and Looked after Children, do not always engage effectively in services and consequently do not benefit from them.</p> <p>Some children and young people are re-presenting in acute settings frequently.</p> <p>Kent has significant and increasing numbers of children, young people and young adults being recruited into or affected by gang-activity, modern day slavery and trafficking.</p> <p>In the last 18 months, we have:</p> <ul style="list-style-type: none"> ☑ Successfully procured a new Children and Young People’s Mental Health Service (CYPMHS) which will increase access to specialist treatment and support children and young people in getting the treatment they need in a timely manner, including those who have been sexually abused and those displaying harmful sexual behaviour ☑ Developed a Single Point of Access (SPA) model for children and young people with emotional wellbeing and mental health needs and their family/carers meaning there will be ‘no wrong door’ for children, young people and their families ☑ Specialist staff that have attended Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) training to embed the CYP IAPT principles in the services to ensure children, young people and their families are fully engaged in their evidence-based treatment and their outcomes and goals are being met. <p>The gap:</p> <ul style="list-style-type: none"> ☑ Effective transition to and from Tier 4 provision ☑ Integrated pathways for children with disabilities, children in special schools, children with long term conditions and children with SLCN ☑ Lack of an integrated pathway for young people involved with Youth Justice services, and in particular those entering or leaving the secure estate or those transitioning from children’s to adult services ☑ Our inability to effectively measure qualitative and clinical outcomes across the system ☑ Mother and Infant Mental Health service falls short of the Royal College of Psychiatrists (CR197) standards and does not enable delivery of fully NICE (CG192) concordant care 	<p>OUR AMBITION: <i>Children, young people and young adults that have experienced adversity are identified early and receive proactive and persistent support. Children, young people and young adults receive a timely service with seamless pathways.</i></p> <p>Through Transformation we will:</p> <p>3.1 Increase access to specialist community treatment in line with NHS England’s ambition Develop, monitor and communicate integrated pathways for at-risk groups of children, young people and young adults</p> <ul style="list-style-type: none"> • Seek to identify vulnerable children, young people and young adults early and coordinate appropriate support • Assertively follow-up children, young people and young adults that do not attend (DNA) appointments • Deliver proactive and persistent support and coordinated care packages for children and young people that encourages consistent engagement with treatment with a particular focus on those who have offended or are at risk of offending and have emotional wellbeing or mental health needs. The support package will meet the needs of the requirements of the 1998 Crime and Disorder Act for Health services to support the local Youth Offending Team • Develop an integrated pathway with providers of mental health services to children within the Secure Estate so that those entering or leaving custody can receive or continue with any treatment or support they require • Develop and implement integrated pathways, including NHS England Specialised Commissioning-led services and local pathways for example: neurodevelopment, complex pathway, anxiety and depression and eating disorders • Deliver high quality, evidence-based and specialist treatment to service users with suspected or diagnosed eating disorders in Kent and Medway • Work in partnership with all sectors to explore and implement a system of care that recognises complexity and exposure to adversity and trauma and the impact on mental and emotional health <p>3.2 Deliver innovative models of care ensuring seamless delivery of services</p> <ul style="list-style-type: none"> • Ensure that there is clear and consistent communication between professionals involved in children and young people’s care so that they are able to support children and young people’s treatment and recovery • Improve continuity of care by delivering a redesigned 0-25 model for specialist mental health services • Improve the experience and outcome for young people as they transition out of children and young people’s mental health services (<i>CQUIN</i>) <p>3.3 Increase access to specialist evidence-based perinatal mental health care and community services so women can access services closer to home</p>

Delivery Plan: Crisis	
What does research and our needs assessment tell us, what have we done and what are our gaps?	Ambition and Action
<p>Our research and needs assessment tells us that admission to acute care in Kent is rising for most conditions. There is variation in the number of admissions across CCGs and presenting conditions, which require additional exploration. We know that children and young people have better outcomes when treated effectively and intensively at home or close to home.</p> <p>The numbers of children and young people who die by suicide are small and not increasing significantly. However young people in prison are 18 times more likely to take their own lives than others of the same age.</p> <p>The annual cost of hospital self-harm admissions in England and Wales in 2015/16 was £40 million. In 2015/16, 1,114 self-harm admissions for under 25's among registered patients in Kent.</p> <p>In the last 18 months, we have:</p> <ul style="list-style-type: none"> ☑ Procured new Children and young people's Mental Health Service (CYPMHS) which will provide improved support for children and young people in 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 ☑ Invested in psychiatric liaison input in A&E with dedicated nurses responding to children and young people in crisis and supporting staff on the wards ☑ Implemented an all-age eating disorders service operating across Kent and Medway ☑ Invested in interventions specifically for self-harm and are currently testing the delivery of Youth Mental Health First Aid. <p>The gaps:</p> <ul style="list-style-type: none"> ☑ We need to improve our understanding as to why there is variation across CCG and conditions for acute care admissions ☑ We do not have an integrated, robust crisis pathway ☑ We do not have a 24/7 psychiatric liaison offer in A&E for children and young people ☑ Kent commissioners and provider understanding of Specialised Commissioning arrangements, pathway and accessing support quickly ☑ A large number of people who self-harm are not known to services 	<p>OUR AMBITION: <i>Children, young people and young adults receive support that promotes recovery, and they are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions.</i></p> <p>Through Transformation we will:</p> <p>4.1 Improve our knowledge and ability to coordinate services able to intervene when a child, young person or young adult reaches crisis</p> <ul style="list-style-type: none"> • Draw together learning from cases of death by suicide for under 18's • Ensure that the multi-agency Kent and Medway Suicide Prevention Steering Group develops a Children and Young People Suicide Prevention Plan • Ensure that training in emotional and mental health includes the learning from suicides including the last straw events, in line with evidence • Increase access to treatment and self-harm interventions in line with evidence • Ensure that re-presentation to acute settings are monitored with coordinated care delivered to prevent it <p>4.2 Work collectively and collaboratively to deliver a responsive and seamless crisis response</p> <ul style="list-style-type: none"> • Establish strong collaborative relationships with NHS England, South East Commissioners and the wave 2 New Care Model lead provider to deliver whole-system change through collective solutions • Establish a provider alliance to effectively step up and step down patients from Tier 4 services and identify gaps and opportunities • Establish robust relationships with NHS England commissioners and providers of the Community Forensic CAHMS and Liaison & Diversion services to reduce the risk of harm amongst this cohort from self-harm, suicide, substance misuse, violence and other harmful behaviours linked to poor mental health • Commission 24/7 urgent and emergency mental health service for children and young people which supports the child as close to home as possible. • Evolve and improve the crisis model through collaboration with stakeholders and partners of the Crisis Care Concordat • Increase access to community-based services and reduce use of inpatient beds • Reduce unwarranted variation in times for treatment • Reduce inappropriate out of area placements for inpatient CAMHS (Tier 4) <p>4.3 Equip the wider children and young people's workforce in understanding and engaging young people around their mental health through Youth Mental Health First Aid</p>

8.3. How we invest Transformation Funding across these themes

The funding that NHS England have made available to deliver the ambitions of [Future in Mind](#) and LTPs is devolved nationally to CCGs as part of their baseline budgets. Kent CCGs' allocations can be seen in Table 4 below.

CCG	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Ashford	149,519	240,485	283,772	343,364	384,568	465,328
Canterbury and Coastal	269,060	427,011	503,873	609,686	682,849	826,247
South Kent Coast	281,022	442,846	522,558	632,296	708,171	856,887
Thanet	215,539	342,909	404,633	489,605	548,358	663,513
DGS	329,505	535,745	632,179	764,937	856,729	1,036,642
Swale	147,143	234,000	276,120	334,105	374,198	452,779
West Kent	590,856	947,919	1,118,544	1,353,439	1,515,851	1,834,180
TOTAL	1,982,644	3,170,915	3,741,680	4,527,432	5,070,724	6,135,576
Percentage uplift	Baseline	59%	18%	21%	12%	21%

Table 4

While funding is allocated to each CCG, there is local variance in what the funding is spent on (in line with the previous published LTPs). We work where we can to try to ensure that we achieve efficiency and economies of scale where possible. This means that for some projects, we commission them across Kent and for others we commission by CCG area.

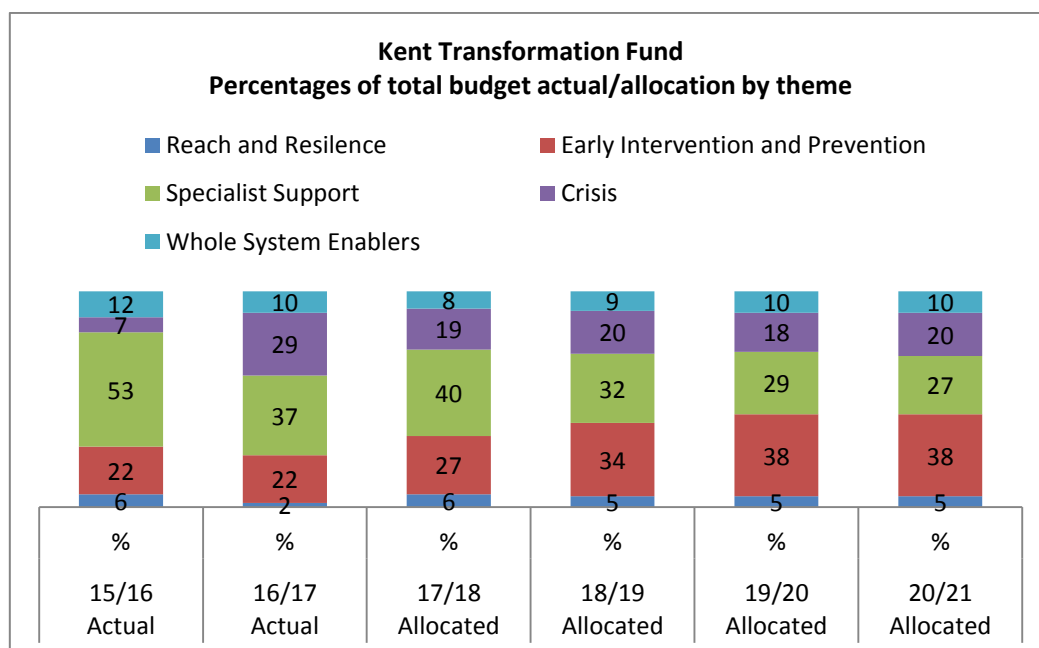
For example, the needs assessment tells us those issues around the risk of self-harm are across Kent, and the evidence indicates that school-based evidence-based programmes are most effective. Therefore, through Transformation Funding all CCG areas in Kent now commission the Mind and Body Programme within local schools. In contrast, the specific challenge faced by East Kent CCGs regarding the number of children and young people being referred for Autism and ADHD assessments far exceeds the experience of North and West Kent and therefore there has been more work in East Kent to address this.

8.4. Spend and Allocation by Percentage

For the purposes of this report, the financial spend and future commitment is shown in terms of a Kent profile. With a focus on transparency, we show how we intend to allocate our funding to deliver the ambitions of this plan.

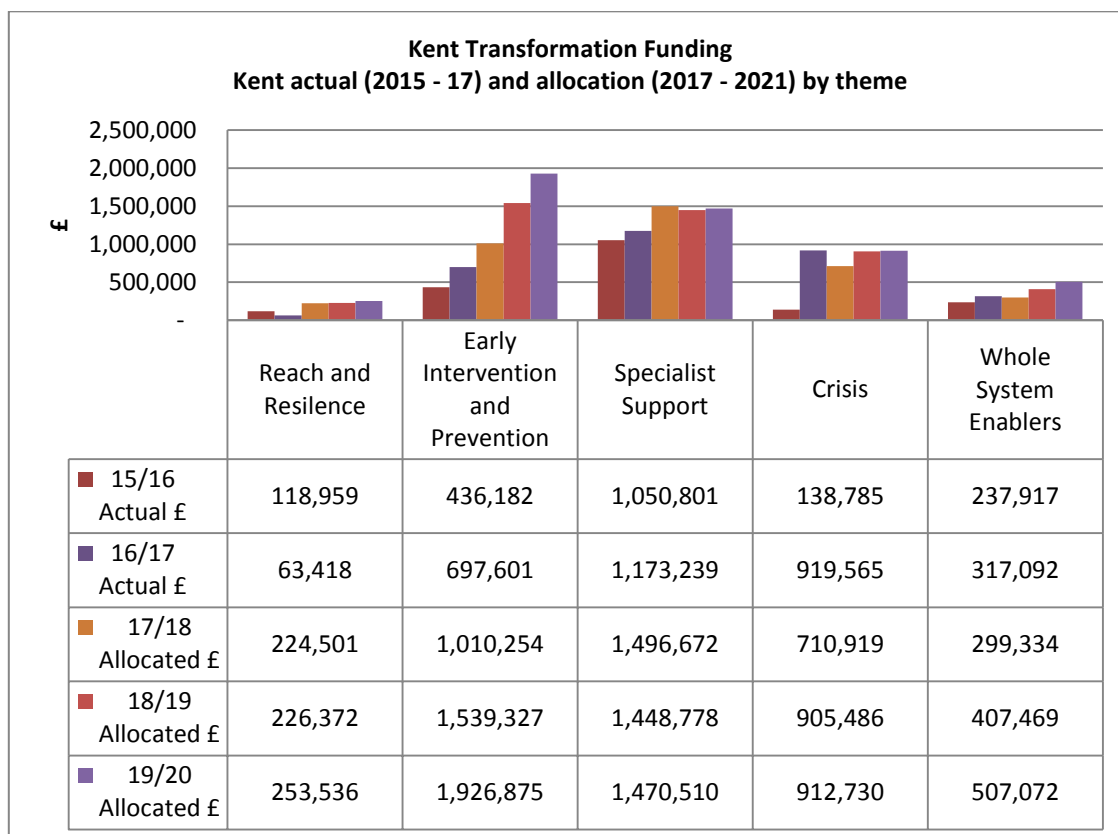
Graph 2 below shows how we have both spent the funding (2015 to 2017) and how we intend to allocate future funding (2018 to 2021) by theme. It is important to note however, given the dynamic nature of Transformation, the forward projections may change according to the identified need and approach through CCG governance structures (see [Section 10](#) for further details).

Over the period of Transformation we have always intended to increase investment in Early Intervention and Prevention on the basis that rebalancing the system means that more children and young people can access quality support before escalation or crisis. Our forward projections show that other than a decrease in Specialist Support investment and an increase in Early Intervention and Prevention, the percentage of investment into Crisis, Reach and Resilience and Whole-System Enablers are relatively static.



Graph 2

Graph 3 below shows the funding aligned to each theme. Here we can demonstrate that the investment into themes maintains or increases over the coming years. So for example, if the percentage investment into Specialist Support reduces from 40% of the total budget in 2017/18 to 29% in 2019/20, in actual terms the amount of investment is maintained at £1.4m per annum. In contrast, the investment into Early Intervention and Prevention increases in the same time period from £1m to £1.9m.



Graph 3

9. Engagement and partnership Working

9.1. Introduction to our approach

Engagement and partnership working are an integral part of our commissioning approach. We seek every opportunity to involve local people in decisions. We want to ensure that children, young people and their families from all areas and diverse communities have the opportunity to be involved and feel listened to.

Development of this LTP 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. We aspire to embed children and young people's participation in line with CYP IAPT. Whole-system transformation is as much a journey for us as partners as for those we seek to support – and we will need to return to this expression of commitment through the challenges and changes ahead. Just as learning to communicate our ideas, thoughts and feelings, and developing strong and healthy relationships are vital aspects of emotional wellbeing, so these same values will need to be the basis of our relationship as partners who seek to promote and deliver this agenda.

A Children, Young People and Carers Participation subgroup of the Kent Children and Young People Mental Health and Wellbeing Transformation Board (KTB) has been set up and is chaired by HeadStart Kent. It brings together the emotional and mental health system to map their participation work with children, young people, parents and carers and identify gaps and opportunities. Kent-commissioned services were part of a national pilot of the reviewed 'You're Welcome' standard, of which children and young people's participation is key. HeadStart Kent will lead on implementing this standard across the emotional and mental health system.

HeadStart Kent's Resilience Hub has additional resources to support children and young people's participation as evaluators and 'mystery shoppers', and to support services in taking children and young people's views into account. The Participation subgroup will also identify a means for children, young people and parent/carers' complaints and feedback to be collected and systematically shared across the system. The subgroup explores with young people, parents and carers opportunities to further strengthen their role in Transformation governance.

9.2. Views of children and young people, parents and carers:

A range of online surveys, workshops, and engagement events, which resulted in at least 650 submissions, informed the first version of this LTP in 2015. HeadStart Kent's programme, which is integral to the transformation of children and young people's mental health and emotional wellbeing, and is embedded in this plan, was co-produced with young people. This included agreeing its mission and outcomes, co-producing piloted approaches and agreeing and presenting the bid for Phase 3 to The Big Lottery as part of a competitive process. An animation of their ambition for HeadStart Kent in Phase 3 can be viewed [here](#).



In addition, East Kent commissioners held focus groups with families of children who have Autism and/or Attention Deficit Hyperactivity Disorder (ADHD) to understand their experience of the diagnosis process. In addition, we issued a survey to all Kent families registered on KCC's Autism database to understand current challenges with the whole pathway where improvements could be made. The feedback from the focus groups and survey helped to galvanise a system response to the issues faced by these families.

9.3. Views of Stakeholders and the wider children and young people's workforce

A wide range of strategic and local engagement has been undertaken throughout the past two years, including partnership with a range of multi-agency forums such as the Kent Health and Wellbeing Board (HWB), Kent Children's HWB, District HWB, Kent Health and Social Care Cabinet Committee, CCGs, Mental Health Action Group Chairs, patient involvement forums, district-level Local Children's Partnership Groups (LCPGs) and Head Teacher Forums. Head teachers are informed on an ongoing basis through a Kent-wide bulletin.

Schools who are already receiving Transformation-funded services such as Addaction's Mind and Body programme are also being engaged by HeadStart Kent through the targeted offer.

The level of interest and the quality of responses given by such a wide cross-section of the local population and workforce underlines the importance of this agenda, both at a strategic level and in the everyday experience of families in Kent.

9.4. Procurements and service design

In September 2016 we engaged with service users and their families who had used Targeted and/or Specialist level children and young people's mental health services. Health and Social Care commissioners were committed to procuring a new service which responded to this invaluable feedback, including developing a set of service standards based on their expectations of an effective and responsive service. Details can be found in [Appendix 13](#).

Children, young people and families were involved in all stages of the new Children and young people's Mental Health Services procurement. Service user and carer representatives also attended the site visits to the bidding providers, were involved in provider presentations and were part of the mechanism to identify the successful provider.

The new all-age Kent and Medway Eating Disorder Service also involved patients and carers in the procurement process. Within the contract we have included new service standards for service users and their families, which have been developed by service users and families. Details can be found in [Appendix 13](#).

The county-wide 'Good Mental Health Matters' awareness campaign, led by Dartford, Gravesham and Swanley CCG, developed and tested concepts and messaging through children and young people's focus groups as well as through feedback from secondary school students and teachers.

Although the 'Mind and Body Programme' was designed prior to Transformation, young people were directly involved in its development and continue to be involved. Young people from the initial pilot took part in focus groups and were invited to interviews with an external evaluation team to explore how to further develop the programme. Their recommendations to extend the programme, and to include post-programme sessions, have both been actioned. Artwork from

participants has been included in the information pack and two young people have also written a welcome letter to participants about what they can expect from the programme. Young people from the initial pilot sat on interview panels for the recruitment of each of the new Mind and Body practitioners, and have met with Kent commissioners to talk about the programme.

The Psychoeducational Therapeutic Intervention Strategy (PETS) for children and young people with eating disorders was co-designed with young people with lived experience of an eating disorder. They helped produce the staff and professional training as well as being filmed talking through their experiences and recoveries for the awareness video.

9.5. HealthWatch Kent

Healthwatch Kent undertook engagement with Children and Adolescent Mental Health Services in Kent and highlights of the feedback they heard can be found in [Appendix 13](#).

We welcome these local patient views regarding Kent children and young people's mental health and wellbeing services and recognise these reflect national feedback from similar services. We are seeking to address the issues raised through the re-procurements of the services co-designed with children and young people and their families, along with our wider Transformation work across the care pathway.

9.6. Specialist commissioning with NHS England

We are committed to establishing strong collaborative relationships with NHS England and are seeking opportunities to undertake this collectively with Surrey and Sussex CCGs where appropriate to do so. This includes reducing the number of out of area placements for Kent patients following NHS England's review of Tier 4 inpatient services. Kent CCGs are members of the Children and Young People's Mental Health South East Strategic Clinical Network, and opportunities are being sought for collective solutions to be identified and delivered across the South East.

Kent CCGs are developing robust relationships with the New Model of Care Consortia, and will be a member of the Board. We will collaboratively identify commissioning and service provision opportunities and gaps and deliver effective local solutions to improve outcomes for children and young people and to ensure value for money. We will engage with the local authority to ensure children and young people are supported holistically to meet all their needs. We are committed to delivering a proactive and timely response to reduce the need for inpatient admissions and to develop and deliver proactive discharge plans with the patient, and where appropriate the family/carers.

9.7. Health and Justice commissioning with NHS England

We are working with NHS England to develop and deliver projects within both the children and young people's mental health service and the Health and Justice and Specialised Commissioning work streams.

Our needs assessment confirms that:

"Many of the children and young people in contact with the youth justice system in Kent will also be known to children's social care and be among those children and young people who

are not in education, employment or training. Addressing their health and wellbeing needs should help reduce health inequalities and reduce their risk of re-offending”.

It is clear that whole-system change must be made in Kent and work is beginning in earnest. In 2016 Thanet CCG won NHS England Health and Justice funding to pilot the implementation of a new integrated model of support for young people aged 14 to 21 who had offended or were at risk of offending, had a mental health need and at least one more vulnerability such as being a Looked after Child, frequent missing episodes, gang affiliated or substance misuse. The model is predicated on a local partnership integrated working approach and is young-person led. The young people engaged in the project have informed intervention models and created a peer support model which is under evaluation and early indicators suggest is best practice. Funding from NHS England will end in March 2018 and some of the successes of the model have been used to inform a further bid, this time Kent-wide, to support those at risk of offending where a mental health issue could be an underlying cause. We are waiting to hear the outcome of the bid, and will be working closely with NHS England if it is successful.

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10. Governance

Our LTP has been developed and revised through a range of partnership structures and effective multi-agency governance arrangements to ensure whole-system commitment and agreement. This has included regular reporting to both the Children's and the Kent Health and Wellbeing Board, bespoke strategic summit events, CCG governance structures, HeadStart Kent and KCC's 0-25 Portfolio Board.



Several of our young people are now accessing and engaging in family therapy, emotional wellbeing groups and 121 support from our CAMHs worker

Thanet Young People's partnership (Health and Justice) Report Sept 2017

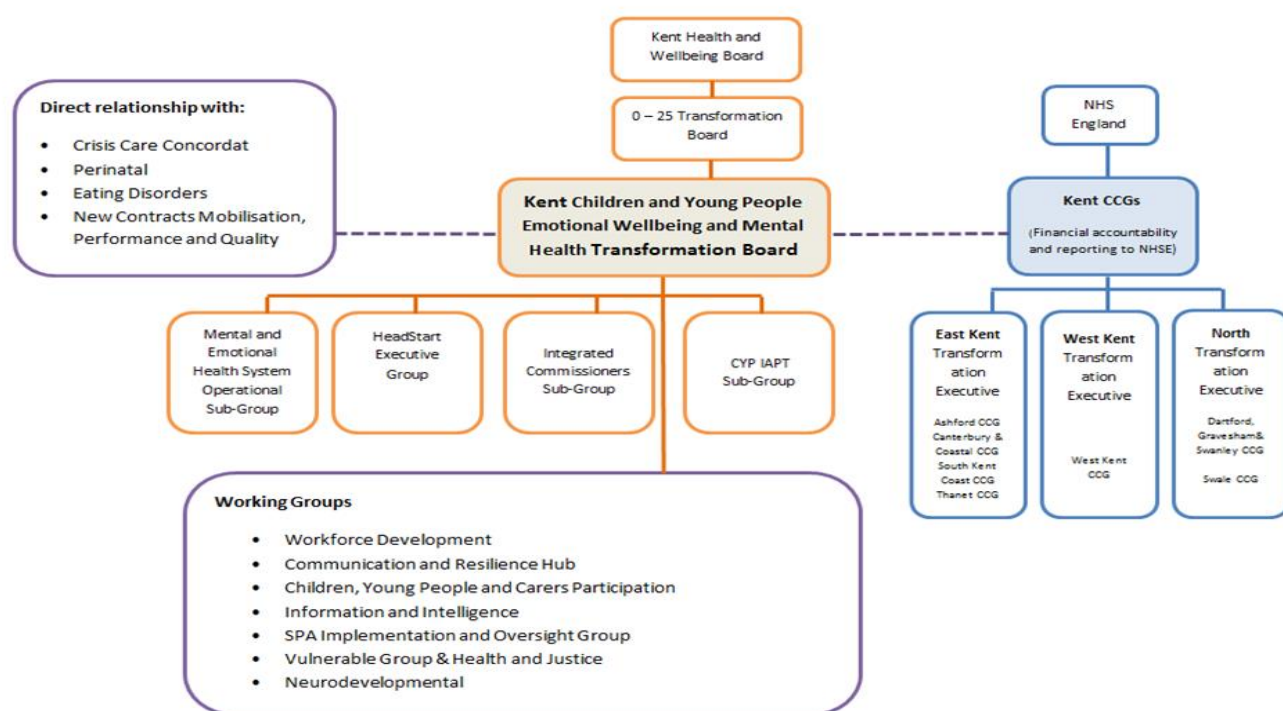


Figure 16

As the Transformation programme has developed we have regularly reviewed our governance arrangements. Figure 16 above shows the current governance structure for the Transformation programme in Kent. Each group has Terms of Reference to clarify key lines of accountability, function, frequency and membership including Chair. We have senior-level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs, as articulated in the Terms of Reference.

NHS England is a member of the Kent Children and Young People Mental Health and Wellbeing Transformation Board (KTb) which has accountability and responsibility for

transforming the whole system, including joining up care pathways and modelling the impact across the utilisation of acute and community services. They are the owners of this document.

East Kent has in place a Transformation Funding Executives as the CCGs' mechanism to ensure the funding is spent appropriately with financial and contracting accountability. North Kent CCGs continue to take a paper to their Finance and Quality committees each year, to approve the spend and to agree rough allocations per area of need. West Kent's Programme Oversight Group is responsible for overseeing delivery of the LTP within the financial allocations.

We have now completed the procurement and mobilisation phases of the Children and Young People's Mental Health Services (CYPMHS), all-age eating disorder service and School Public Health service. These have been executed within the overall governance structure of the collaborative commissioning programme. During procurement, the contract Procurement Board reported to the HWBB.

The whole-system transformation has been 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 included representatives of patient groups.

Public Health have established a Research and Development Hub for children and young people's emotional and mental health and resilience. 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 through its links with HeadStart Kent. The Research and Development Hub will support the coordination of the transformation of children and young people's emotional health outcomes in Kent.

Terms of Reference for the KTB can be found in [Appendix 14](#).

11. Managing risk

We are investing time, energy and resources to develop and deliver our LTP, which will transform the whole system, improve outcomes and deliver value for money.

We are confident that our implementation plan, including timescales and costs, is accurate and deliverable. All parties have committed to clearly defined deliverables and agreed deadlines. A robust governance structure is in place to ensure accountability of delivery.

While we are confident about our programme of activity, we have to be realistic and think about what the risks might be and how these could be mitigated should they occur. In Figure 17 below we have summarised the key risks identified in delivering the LTP and the mitigation strategies that will be put in place to reduce them.



“The roadshow was very popular with our students. It was an innovative and exciting way to encourage students to think about their own mental health and the mental health of others.”

A school in Kent that received a visit from Good Mental Health Matters roadshow







Risk	RAG	Mitigation
Lack of engagement across the whole system including families, schools, education and the voluntary sector.		Providers commissioned to deliver CYP EWB and MH services are required to effectively engage and work with schools/education and the voluntary sector. The KTB have a remit to oversee and develop further mechanisms to increase engagement.
Lack of national direction regarding post-2021 which impacts on Sustainability planning.		Continued engagement with NHSE to understand direction of travel. Commitment in 2018/19 for KTB to focus on sustainability post-2021.
The cost in time and resources for CCGs to procure services to meet the ambitions is significant.		Transformation commissioners in CCGs & KCC are investigating options to set up a provider framework which will particularly benefit the providers in Reach and Resilience and Early Intervention and Prevention themes.
The inability to establish accurate baselines and monitor delivery across the whole system.		A data analyst is in post with a focus on establishing baselines and monitoring requirements.
The required impact and outcomes are not delivered.		Robust governance structure in place with sub-committees regularly reporting progress and risks.
A workforce plan which does not deliver capacity and capability across the whole system.		Workforce planning linked with STP and focus for 2017/19 through Transformation planning.
There are national barriers to uploading to the MHSDS.		The LTP data analyst is working with NHSE to unblock this (please see Appendix 6 KLOE for more detail).
Monies to be invested in the MH system are not ring-fenced.		Robust governance structure in place monitors investment of MH monies.
Our ability to evidence the delivery of Transformation against the ambitions within our LTP projected forwards to 2020/21		To develop clear mechanisms and KPIs to track progress (to be published as an addendum to this LTP)

Figure 17



Commissioners submit a report to NHS England on a bi-monthly basis and this includes details of any risks that may occur or have occurred, along with the mitigating action to resolve them. Key risks are escalated to the bi-monthly Kent Children and Young People Mental Health and Wellbeing Transformation Board (KTB), and mitigating actions agreed to resolve these.

Appendix List

Appendix 1	<i>Glossary of key terms and acronyms</i>	 Appendix 1 - Glossary.pdf
Appendix 2	<i>Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing – December 2015</i>	 Kent Transformation Plan for Children - FI
Appendix 3	<i>Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing – October 2016</i>	 Kent LTP October 2016 refresh - FINAL
Appendix 4	<i>The Way Ahead Part 1: Strategic Framework</i>	 The Way Ahead part-1-strategic-fram
Appendix 5	<i>The Way Ahead Part 2: Delivery Plan</i>	 The Way Ahead part-2-delivery-plan.1
Appendix 6	<i>Kent's self-assessment against NHS England Key Lines of Enquiry (KLOE)</i>	 Kent LTP self assessment against K
Appendix 7	<i>Health inequalities impact assessment</i>	 Appendix 7 - 17-06-19 Health Ineq
Appendix 8	<i>October 2017 LTP refresh signoff process</i>	 Appendix 8 - LTP refresh signoff proce:

Appendix 9	<i>Review of Youth Offending Team CAMHS workers</i>	 Appendix 9 -CAMHS review - findings - JUL
Appendix 10	<i>Local core dataset template</i>	 Appendix 10 - CYP MH Dashboard for Ke
Appendix 11	<i>2016/17 End of Year Report on Transformation</i>	 Appendix 11 - 2016-17 EOY report.
Appendix 12	<i>'You Said, We Did' summary</i>	 Appendix 12 - You Said, We Did.pdf
Appendix 13	<i>Engagement and partnership working (to include: Lot 1 and 2 procurement; EDS standards; Healthwatch Kent)</i>	 Appendix 13 - Engagement.pdf
Appendix 14	<i>KTB Terms of Reference</i>	 Appendix 14 - KTB ToR.pdf

Further references

<i>Annex 1: Local Transformation Plans for Children and Young People's Mental Health</i>	 Appendix 1 - Annex 1 - LTP for CYP MH.pdf
<i>The HeadStart Kent Project</i>	 Executive Summary Revised Sept 2016 (3